



WESTERN WASHINGTON GLAZIERS PENSION TRUST

APPLICATION FOR RETIREMENT

1. Please read each question carefully.
2. Print or type all information.
3. Be sure to answer all applicable questions to avoid delay in processing your application.
4. Attach additional sheets if you need more space to answer any questions.
5. BE SURE TO SIGN AND DATE THIS APPLICATION.
6. The application must be filed prior to the first month in which your pension is to begin.
7. Mail the completed application and proof of age to the address at the bottom of this page.

1. Name _____
Last First Middle

Previous Name (if any) _____ Date Changed _____

2. Social Security # _____ 3. Phone # _____

4. Mailing Address _____
Street Number City State Zip Code

5. Local Union _____ 6. Gender: Male ☐ Female ☐ 7. Birthdate _____
(Attach Proof of Age, see Page 2)

8. Current Spouse Name _____
Last First Middle

9. Spouse Social Security # _____ Spouse Birthdate _____

Date of Marriage _____
(Attach Copy of Marriage Certificate)

12. I am still working Yes ☐ No ☐ Current job title: _____

13. Name of current or most recent employer: _____

14. The last day I worked in Covered Employment was or will be on _____
Month Day Year

15. The last day I worked in the Glass Industry was or will be on _____
Month Day Year



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Type of Retirement Benefit

Monthly Pension Benefits payable from the Western Washington Glaziers Pension Trust will be paid the first of the month following receipt of your application in the Trust Fund Office.

Please select one of the following options:

☐ **Early Retirement** – attained age 55 with at least 5 Vested Service Credits

If you are applying for an Early Retirement Benefit after you have met the requirements for Early Retirement, you may elect a retroactive Early Retirement date which cannot be more than 3 months prior to the date on which you submit your application and you must have a bona fide termination of employment.

☐ **Normal Retirement** – attained age 62 with at least 5 Vested Service Credits **or** the Fifth anniversary of the date on which you began participating in the Plan.

If you are eligible for Normal Retirement but fail to apply for your benefits prior to your Normal Retirement Date you may elect to have your benefits paid retroactive to your Normal Retirement Date which will be referred to as your retroactive Annuity Starting Date.

NOTE: **Eligibility for a retroactive Annuity Starting Date is contingent upon the fact that you have not worked more than 50 hours per month in work covered by a Collective Bargaining Agreement and you have retired from the Glass Industry.

☐ **Late Retirement Benefit** – over age 62

If you continue working past your Normal Retirement Date, your benefits will commence the first of the month following receipt of your application in the Trust Fund Office. Your monthly pension benefit will be the greater of your Total Accrued benefit at your Normal Retirement Date plus the benefits earned for benefits earned past your Normal Retirement Date or your Total Accrued Benefit as of your Normal Retirement Date actuarial increased to your Annuity Starting Date.

I hereby request that my retirement be effective on the first day of

Month

Year

I understand and agree that it is my responsibility to submit any and all information needed to establish my eligibility for benefits under this Plan and that this application can be cancelled by written request submitted to the Trust Office prior to its Effective Date. I certify that the information on this form is true and accurate to the best of my knowledge. I understand the conditions of my retirement are governed by the Plan rules and regulations. I understand that in the case of an overpayment of my pension benefits, the Trustees are entitled to recover any amounts overpaid to me. If no information appears under the Spouse's Section above, I certify that I am not married.

Applicant Signature

Date



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UNION MEMBERSHIP HISTORY

Name: _____ Social Security #: _____

Please list all Union Membership beginning with your most recent or current Local and working backward to your Initiation Date. Be sure to include time spent in the military, in other areas, and out of the Industry.

Please print or type the following information:

Local Union #	City	State	From		To	
			Month	Year	Month	Year



WESTERN WASHINGTON GLAZIERS PENSION TRUST

CERTIFICATION OF MARITAL STATUS

Federal Law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name _____

Marital Status: ☐ Married ☐ Single (Never Married) ☐ Divorced ☐ Divorced & Remarried
☐ Widow ☐ Other (Please Specify): _____

CURRENT SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no spouse)*

Name _____ Social Security Number _____

Date of Birth _____ Date of Marriage _____

If you have been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments). All divorce documents are reviewed by the Plan's legal counsel. If you have been widowed, please submit a copy of the death certificate.

PRIOR SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no prior spouse)*

Name _____

Date of Marriage _____ Date of Separation _____

Marriage terminated due to (circle one): **Death** **Divorce** **Other** (please specify) _____

PRIOR SPOUSE INFORMATION *(do not leave name blank; specify "none" or "n/a" if no prior spouse)*

Name _____

Date of Marriage _____ Date of Separation _____

Marriage terminated due to (circle one): **Death** **Divorce** **Other** (please specify) _____

If you have had more than two prior spouses, please attach a separate sheet of paper providing the requested information.



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Certification of Marital Status

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I HEREBY CERTIFY THAT ALL OF THE INFORMATION PROVIDED ON PAGE ONE OF THIS FORM IS COMPLETE AND ACCURATE.

Participant Name _____ Social Security Number _____

Signature _____ Date _____
(Must Be Notarized)

TO BE COMPLETED BY NOTARY PUBLIC

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____, before me, _____
(insert name and title of the office)

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity (ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the state of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal

Signature of Notary Public

My Commission expires: _____