



WESTERN WASHINGTON GLAZIERS PENSION TRUST

APPLICATION FOR RETIREMENT BENEFITS Pursuant to Qualified Domestic Relations Order

Participant Name: _____

Alternate Payee Name: _____

SSN: _____ Birthdate: _____

Address: _____

Phone Number: _____

Designated Beneficiary*: _____

SSN: _____ Birthdate: _____

Address: _____

Relationship: _____

***NOTE:** A beneficiary designation is only applicable if the Qualified Domestic Relations Order awards benefits to a surviving beneficiary in the event of the Alternate Payee's death.

I certify that the above information is true and correct. I hereby acknowledge that application has been made to commence Retirement Benefits payable to the above-named Alternate Payee.

Signature

Date

Subscribed and sworn to before me this _____ day of _____, 20____

_____, Notary Public in and for the State of _____

residing in _____. My commission expires on _____

**PLEASE SUBMIT A PHOTOCOPY OF YOUR BIRTH CERTIFICATE, PHOTO ID, AND DOCUMENTATION
OF ANY NAME CHANGES FROM YOUR BIRTH NAME TO YOUR CURRENT NAME.**