



# WESTERN WASHINGTON GLAZIERS PENSION TRUST

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## 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 \_\_\_\_\_

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