



# 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. Marital Status: **Please complete the enclosed CERTIFICATION OF MARITAL STATUS.**

I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all of my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

9. Current Spouse's Name \_\_\_\_\_  
Last First Middle

10. Spouse's Social Security # \_\_\_\_\_ Spouse's Birthdate \_\_\_\_\_

Date of Marriage \_\_\_\_\_  
(Attach Copy of Marriage Certificate)

11. In accordance with the terms of the Western Washington Glaziers Retirement Plan, I hereby apply for:

Normal Retirement Benefit ☐ Early Retirement Benefit ☐

**If you are applying for Disability Benefits you must use a Disability Retirement application form.**

12. Name of current or most recent employer: \_\_\_\_\_

13. The last day I worked in Covered Employment was or will be on \_\_\_\_\_  
Month Day Year

14. I hereby request that my retirement be effective on the first day of \_\_\_\_\_  
Month Year

**NOTE:** Your retirement effective date cannot be before you stop work as a Glazier or more than three months prior to the date this application is received in the Administrative Office.

15. If determined to be eligible, I am interested in enrolling in the Retiree Medical Plan. I understand a monthly premium must be paid. YES ☐ NO ☐

16. Are you receiving benefits from any other pension plans due to your Employment as a Glazier? YES ☐ NO ☐

**PLEASE READ CAREFULLY**

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's Signature

\_\_\_\_\_  
Date

## UNION MEMBERSHIP HISTORY

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

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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 |
|               |      |       |       |      |       |      |
|               |      |       |       |      |       |      |
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|               |      |       |       |      |       |      |

## **AGE VERIFICATION**

A copy of your and your spouse's or beneficiary's birth certificates, along with proof of your marriage, is required to process your application.

**IMPORTANT:** If the name on either your or your spouse's or beneficiary's birth certificate is different from your present names, you must also submit a copy of the court order, marriage certificate, affidavit, or other document to show the name change(s).

If you are unable to obtain a copy of either birth certificates, you must submit **TWO ITEMS** of the following documents for each person who does not have a birth certificate. Please note that the documents submitted must show a birth date:

Baptismal Certificate

Citizenship or Naturalization Papers

Records or information obtained from the U.S. Census Department

Life Insurance policies taken out at least 10 years prior to your date of retirement

Affidavit of Birth

Social Security Information

U.S. Armed Forces Records

School records established prior to your 21st birthday

Passport

Driver License with photograph

Marriage Records showing birth date

Civil Service Records