

Iron Workers St. Louis District Council Trust Funds

P.O. Box 1096 • Maryland Heights, MO 63043 • Phone 314.656.1091 • Toll Free 877.597.8704 • Fax 314.739.1105

Dear Pension Plan Participant:

If you are anticipating retirement and are interested in receiving information regarding your Pension, this form must be completed and returned to the fund office. Please take note that once we receive the completed form, it may take up to two (2) weeks for you to receive a response from the Fund office and all pertinent information. By law you are required to have your explanation of benefits at least 30, but no more than 180 days prior to your scheduled date of retirement. Once you make an election it can not be changed. You cannot consent to a distribution from the Plan more than 180 days prior to your scheduled date of retirement. The application with all information requested must be returned to the fund office at least 30 days prior to the date of retirement. This form will allow us to calculate all your pension options and does not put you in retirement status. You may only retire the first of a month. Pension Benefits are paid the first of the month for that month.

MEMBER: Disability? Yes _____ No _____ Date of Disability _____

Name: _____ Soc Sec # _____ Phone # _____

Date of Birth: _____ Local Number: _____ Book Number: _____

Have you been on workers compensation for an employer covered under the collective bargaining agreement in the last 12 months? Yes ☐ No ☐ Date of injury: _____

Do you have any service with a related pension plan (as an Iron Worker)?

If so, what Local Number: _____

Current Marital Status: Married _____ Single _____ Widow _____

Date of Marriage: _____

Previously Married? Yes ☐ No ☐ Number of prior marriages: _____

If divorced, please attach copy of all divorce decrees

SPOUSE

Name: _____ Date of Birth: _____

I, _____, wish to retire as of: _____
(Member Signature) (Date of Retirement)

Address: _____ Today's Date: _____
