



Plumbers & Pipefitters Trust Funds
 3660 Stutz Dr. Suite 101
 Canfield, OH 44406
 (330) 779-8856
 www.plumbers396benefits.org

APPLICATION FOR EARLY RETIREMENT AND/OR PERMANENT DISABILITY

Member's Name _____ Social Security No. _____

Date of Birth _____ Local Union No. _____

Wife's Name _____

Street Address _____

City _____ State _____ Zip Code _____

****DESIGNATION OF BENEFICIARY****

I hereby designate _____

(Beneficiary Name)

(Relationship)

(Street Address)

(City)

(State)

(Zip Code)

AS THE BENEFICIARY FOR THE BENEFITS PROVIDED BY THE PLUMBERS & PIPEFITTERS LOCAL #396 WELFARE FUND.

Check One

Disability

Early Retirement

() Member Only
 (Not on Medicare)

\$

\$

() Member & Wife
 (Not on Medicare)

\$

\$

() Member & Wife
 (One Medicare/
 One not no Medicare)

\$

\$

Signed: _____ Date: _____

____ Check here if you wish to have your Welfare Premium taken directly from your pension check.