

**ROOFERS LOCAL 149 PENSION TRUST FUND**  
**P.O. BOX 396 - TROY, MI 48099-0396**

Please send me the proper forms to complete to apply for my retirement benefits with the Roofers Local 149 Pension Fund

My last day of work in the Trade or Industry is or will be \_\_\_\_\_.

My effective date of retirement will be: \_\_\_\_\_

Name \_\_\_\_\_

Soc. Sec. No. \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Marital Status \_\_\_\_\_ Birthdate \_\_\_\_\_ Spouse Birthdate \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_