



Greater St. Louis Service Employees' Pension Fund

P.O. Box 1714, Maryland Heights, MO 63043
Toll Free (844) 939-1534 Telephone (314) 656-1084 Fax (314) 739-1105
Website: <https://www.ourbenefitoffice.com/SEIULocal1/Benefits/>

Dear Pension Plan Participant:

Please read carefully

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 two (2) to four (4) 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 **cannot** be changed. You cannot consent to a distribution from the Plan more than 180 days prior to your scheduled date of retirement. The Plan document requires for you to file your completed application with the **Fund Office** at least 1 month prior to the date you wish to retire, or thirty (30) days after the Plan advises the Participant in writing of the available benefit payment options, however the 30 day period can be waived, but benefits won't begin prior to seven (7) days after written explanation was provided to Participant and Spouse. 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. The earliest date of retirement will be the first of the month following 30 days of receipt of completed application, to include all requested documents. **Faxed, scanned, copies or any other type of duplication of applications/requests will not be accepted.**

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

Name: _____ Soc Sec # _____ Phone # _____

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