

# APPLICATION FOR RETIREMENT BENEFITS

I hereby apply, under the Plan of the SHEET METAL WORKERS' LOCAL NO. 33 CLEVELAND DISTRICT PENSION FUND, for:

☐ **Surviving Spouse Pension Benefits**

EFFECTIVE DATE: \_\_\_\_\_

BENEFIT TYPE: \_\_\_\_\_

Please note, this application will be valid only if returned to the Fund Office within 90 days of your effective date. Your effective date will be no sooner than the first of the month after your application has been received in the Fund Office.

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I hereby submit the following personal information:

(Please type or print):

## **APPLICANT INFORMATION:**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Date Married to Participant: \_\_\_\_\_ Participant's Deceased Date \_\_\_\_\_

## **PARTICIPANT INFORMATION:**

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

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**PLEASE READ AND SIGN THE CERTIFICATION ON THE BACK OF THIS FORM**

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## CERTIFICATION

I hereby certify that all of the information furnished by me on this application form is, to the best of my belief and knowledge, true and complete. **I understand that this completed application form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age.**

I also agree that Pension payments are to be governed in all respects by the provisions of the Plan, or as same may hereafter be amended, and that the issuance of any Pension payment and its' acceptance by me shall not prevent the Fund from recovering, or otherwise affect its' right to recover, any payments issued to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the issuance of any Pension payments to me obligate the Fund in any way to make any further payments in any amount whatsoever except as the same may be provided by the Plan as it may be amended from time to time.

**Your Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

### RETURN WITH:

- ☐ Copy of Participant's Death Certificate
- ☐ Withholding Certificate for Pension/Annuity Payments (IRS Form W-4P)
- ☐ Direct Deposit Agreement (Optional)
- ☐ Copy of your birth certificate
- ☐ Copy of your marriage license

Please review the forms you are submitting to make sure that you have completed all blanks, signed where necessary, including the signature of a notary public where applicable, and answered the questions accurately and completely.