

**TIMBER OPERATORS COUNCIL, INC. — I.W.A. PENSION PLAN
AND TRUST**

Application to Reinstate Retirement Benefits

Please be sure to **sign and date this form in the presence of a notary public** and return it to the trust office in the enclosed envelope with **a copy of current identification**.

Retiree Information:

Name: _____ Social Security #: _____

Address: _____
Street Address _____ City _____ State _____ Zip _____

Date of Birth: _____

Signature: _____ Date: _____

Notary Public Acknowledgement:

State of _____

County of _____

On this _____ day of _____, 20_____, before me, _____

A Notary Public for the State of _____, personally appeared _____

Personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is
subscribed to the within instrument and acknowledged to me that by his/her signature on the instrument executed
the same.

Official Seal: _____

Notary's Signature: _____