

**PLUMBERS LOCAL NO. 98  
DEFINED BENEFIT PENSION FUND**

**APPLICATION FOR RETIREMENT – NORMAL OR EARLY**

(Please print or type)

To: Pension Fund Trustees

Full Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Address: \_\_\_\_\_  
(No. & Street) (City & State) (Zip Code)

Retirement Address: \_\_\_\_\_  
No. & Street (City & State) (Zip Code)

Send Check To: \_\_\_\_\_  
(Name & Address of Bank if Direct Deposit)

Local Union No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Type of Retirement: \_\_\_\_\_ Normal \_\_\_\_\_ Early

Date Last Worked: \_\_\_\_\_ Retirement Date Requested: \_\_\_\_\_

Participant/Applicant please indicate the marital status that applies:

\_\_\_\_ Single – Never Married      \_\_\_\_ Single – Spouse Deceased      \_\_\_\_ Single – Divorced

**(A certified copy of your spouse's Death Certificate must be filed with your application for benefits or a copy of your Judgment of Divorce(s) must be filed with your application for benefits. NO ACTION CAN BE TAKEN ON YOUR APPLICATION FOR BENEFITS UNTIL THIS DOCUMENTATION HAS BEEN FILED IN THE FUND OFFICE.)**

Spouse's Full Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Dependent Children (Under 19 Years of Age)

Name	Date of Birth	Soc. Sec. No.
_____	_____	_____
_____	_____	_____

The employee, by his/her signature, hereto warrants that, to the best of his/her knowledge and belief, the information on this application is correct.

Date: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

NOTE: Proof of Date of Birth *must* be attached to this application.