

# SHEET METAL WORKERS' LOCAL 7-ZONE 3

## BENEFIT FUNDS

P.O. Box 547  
Troy, MI 48099-0547  
(248) 641-4973 (800) 451-5733



### APPLICATION FOR RETIREMENT BENEFITS

Type of Retirement applying for:  TERMINATED VESTED LATE RETIREMENT BENEFITS  
 TERMINATED VESTED NORMAL RETIREMENT BENEFITS

I hereby, apply for a Retirement Benefit to commence on: \_\_\_\_\_ 1, 20\_\_\_\_\_  
(MONTH) (YEAR)

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NAME: \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\_\_\_\_\_  
TELEPHONE NO.: \_\_\_\_\_

SPOUSE ' S NAME:\* \_\_\_\_\_ SOC. SEC. NO.: \_\_\_\_\_

DATE OF MARRIAGE \_\_\_\_\_ SPOUSE ' S BIRTH DATE: \_\_\_\_\_

IF NO SPOUSE, WHAT IS YOUR MARITAL STATUS:\* \_\_\_\_\_ (Never married, Divorced, Widower)  
("CERTIFICATION OF MARITAL/SINGLE STATUS" FORM MUST BE INCLUDED WITH YOUR BENEFIT APPLICATION: COMPLETED PROPERLY WITH REQUIRED DOCUMENTATION, AS STIPULATED.)

DATE LAST WORKED IN SMW 7-3 UNION: \_\_\_\_\_

NAME OF LAST EMPLOYER: \_\_\_\_\_

MONTH AND YEAR STARTED IN INDUSTRY: \_\_\_\_\_ LOCAL UNION NO.: \_\_\_\_\_

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I hereby certify that the above information is, to the best of my knowledge, true and complete. Before final action is taken on the application, I understand it will be necessary for me to provide the Board of Trustees with proof of eligibility and documentary proof of age for my spouse (if any) and me.

Date: \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

