

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:
- EARLY RETIREMENT BENEFITS
 - UNREDUCED EARLY RETIREMENT BENEFITS
 - TERMINATED VESTED EARLY RETIREMENT BENEFITS

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

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 OR DATE YOU LAST PLAN TO WORK IN SMW 7-3 UNION: _____

NAME OF LAST EMPLOYER: _____

MONTH AND YEAR STARTED IN INDUSTRY: _____ LOCAL UNION NO.: _____

Would you like the Social Security Bridge Option? **NO**, I prefer a payment option without the SS Leveler _____

YES*, I would like a Social Security Leveler Option _____
include copy of Your Social Security Statement with your application

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 the requested documents including documentary proof of age for my spouse (if any) and me.

Date: _____ Signature of Applicant _____

