

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: NORMAL RETIREMENT BENEFITS
 LATE 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.: _____

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 _____

