

**MILLWRIGHTS' LOCAL 1102 SUPPLEMENTAL PENSION FUND
REQUEST FOR APPLICATION FOR
NORMAL RETIREMENT BENEFITS**

RETURN COMPLETED FORM TO: **Board of Trustees
Millwrights' Local 1102 Supplemental Pension Fund
6525 Centurion Drive
Lansing, MI 48917-9275**

I hereby request an Application Form so that I might apply:

Normal Retirement Benefits

To be effective _____ 1, _____.
(Month) (Year)

IMPORTANT INFORMATION: under the terms of the Plan and the Internal Revenue Service requirements, "retirement" means a participant has separated from service of an employer. Therefore, participants retiring must have separated from service for one (1) payroll reporting calendar month with no hours worked in covered service immediately after the above stated retirement date before a retirement benefit can be issued. Your check will not be issued until the employer hours and contributions records are received and reviewed by the Fund Office for the month you are retiring. After this verification, a check will be issued.

RETIREMENT BENEFITS: Your second and final distribution will be equal to your account balance as of the prior annual valuation date adjusted, up or down, for Fund investment returns as of the last day of the month preceding your Retirement Date or your "Application For Benefits" received date as stated above if it is received after the intended Retirement Date.

I hereby submit the following personal information (Please type or print):

Name (First, Middle, Last)

Social Security Number

Street Address

City

State

Zip

Date of Birth

Phone Number (include area code)

Current Local Union # (If any)

Initiation Date into that Local

If you have had contributions made on your behalf to another Millwrights' Pension Fund, please list name of Fund and Location

Local Union #

Year(s)

PLEASE COMPLETE AND SIGN THE OTHER SIDE

The last date worked or expected to work before retirement: _____
(If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

Name of Last Contributing Employer (include telephone number)

Please indicate your marital status, where applicable:

Single

Married, number of times _____

Divorced, number of times _____, or Widowed _____

If currently married, please indicate the following:

Spouse's First, Middle, Last Name

Spouse's Social Security Number

Spouse's Date of Birth

Date of marriage

If you intend to select a designated beneficiary other than your spouse, please complete the following:

Beneficiary's First, Middle, Last Name

Beneficiary's Social Security Number

Beneficiary's Date of Birth

Please indicate if you have applied for benefits from one of the Pension Funds shown below:

Carpenters' Pension Trust Fund – Detroit and Vicinity, Effective Date: _____

Michigan Carpenters' Pension Fund, Effective Date: _____

If you have not already done so, you must provide the Fund Office with the following items:

- Proof of Birth
- Spouse's Proof of Birth
- Spouse's Copy of Drivers' License
- Marriage Certificate
- Copy of Drivers' License
- All Divorce Decrees

CERTIFICATION

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for benefits Form and that when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate. I further understand that any material misrepresentation of such as my marital status constitutes fraud and may result in a complete loss of my supplemental pension.

Signature of Participant

Date Signed