

<p>MILLWRIGHTS' LOCAL 1102 SUPPLEMENTAL PENSION FUND REQUEST FOR APPLICATION FOR TERMINATION BENEFITS</p>

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 for Termination Benefits:

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

IMPORTANT INFORMATION: under the terms of the Plan and the Internal Revenue Service requirements, "termination" means a participant has ceased to work in the Trade. Therefore, participants must have ceased working in the Trade for twenty-three (23) payroll reporting calendar months with no hours worked in covered service immediately prior to the above stated effective date before a Termination benefit can be issued.

Termination Benefits - If your "Application For Benefits" is received in the Fund Office during the first 15 days of a calendar month, your second and final distribution would 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 the month in which your Application was received in the Fund Office. If your Application is received during the final 15 days of a month, your second and final distribution would 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 in which your Application was received by the Fund Office.

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 No. (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)

The last date worked: _____

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

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 | Copy of Drivers' License |
| • Spouse's Proof of Birth | Spouse's Copy of Drivers' License |
| • Marriage Certificate | All Divorce Decrees |
| • Last Two Years Tax Returns | Related W-2s |
| • Most Recent Paycheck Stub(s) | |

If you are unable to provide your last two years of Tax Returns or W-2's, please indicate reason(s) below:

I did not receive any W-2s in the last two tax years.

I did not file any taxes in the last two tax years.

Other: _____

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