

**UPPER PENINSULA PLUMBERS' AND PIPEFITTERS'
PENSION FUND
"REQUEST FOR APPLICATION" FORM**

TO: **Board of Trustees**
Upper Peninsula Plumbers' and Pipefitters' Pension Fund
6525 Centurion Drive, Lansing, MI 48917-9275

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

Normal Retirement Benefits
Early Retirement Benefits
Commencement of Deferred Vested Benefits

to be effective (MM/DD/YYYY): _____

(If you are totally and permanently disabled,
please indicate the Date of your Disability (MM/DD/YYYY): _____

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

Full Name (First, Middle, Last)

Social Security (NNN-NN-NNNN) Date of Birth (MM/DD/YYYY)

Complete Physical Address

Telephone (NNN) NNN-NNNN

Current Local Union Number Initiation Date into that local

The last date worked or expected to work before
retirement or termination (MM/DD/YYYY) _____

(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.)

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 Full Name (First, Middle, Last)

Spouse's Social Security (NNN-NN-NNNN)

Date of Birth (MM/DD/YYYY)

Date Married (MM/DD/YYYY)

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.**

Signature of Participant

Date