

**UPPER PENINSULA PLUMBERS' AND PIPEFITTERS'
DEFINED CONTRIBUTION PLAN
"REQUEST FOR APPLICATION" FORM**

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

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

Retirement Benefits

Separation Benefits [(I no longer work at the trade and have had no contributions remitted to the Fund for work within the jurisdiction; and I have not had any contributions (including any received as the result of a reciprocity transfer to either the Defined Contribution or the Pension Plan) remitted to the Fund on my behalf for a period of one (1) Plan Year (July 1st through June 30th).

Disability Benefits (I am totally and permanently disabled from working at the trade and have an approval or award from the Social Security Administration)

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):

Name: (Complete first, middle and last names)

Social Security Number:

Complete physical address:

Type additional address information here, as necessary.

Date of Birth (MM/DD/YYYY):

Phone Number (NNN) NNN-NNNN:

Current Local Union No. (if any)

Initiation Date into that Local (MM/DD/YYYY):

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 Name (first, middle and last)

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

Spouse's 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 Signed: