IBEW LOCAL NO. 461 VARIABLE PENSION PLAN REQUEST FOR APPLICATION FORM

To: BOARD OF TH IBEW LOCAL 6525 CENTURI LANSING, MI	NO. 461 VARIABLE PENSION PLAN ON DRIVE		
	 Application form so that I might apply for: Normal Retirement Benefits Early Retirement Benefits Total & Permanent Disability 		
Requested Retirement D	ate (first day of the month):		
If you are totally and per	manently disabled, please indicate the date you beca	ame disabled:	
I hereby submit the follo	wing personal information (Please print clearly or ty	vpe):	
Participant:			
First	Middle	Last	
Social Security Number:		Date of Birth:	
Your Address:	Street		
	City	State	Zip Code
Telephone Number:		Email Address:	
	LAST EMPLOYER		
On	, I intend to retire and remain unemployed.		
Name of last contributing	g Employer:	Phone Number:	
The last date worked or e	expected to work for that Employer:		

Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Plan, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the Jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.

You must retire with the intention of remaining unemployed or returning to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer. If you return to work shortly after you retire, it will be evidence that you did not intend to and did not actually retire.

MARITAL HISTORY

Please indicate your marital status, where applicable:

Married, number of times ______
Divorced, number of times ______
Widowed
Single

If currently married, please provide the following:

Spouse's Name:	First	Middle	Maiden	Last	
Spouse's Social Security Number:			Date of Marriage:		

Spouse's Date of Birth:

CERTIFICATION

I hereby certify that all the information furnished by me on this form is to the best of my belief and knowledge, true and complete. I understand that this completed form will be attached to and made part of my Application for Benefits 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 copy of my marriage license or certificate. I also understand that, if I am divorced, I must submit a complete copy or copies of my Judgment(s) of Divorce and/or Qualified Domestic Relations Order(s) (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of any late spouse(s) or former spouse(s).

I further understand that any material misrepresentation, such as my marital status, constitutes fraud and may result in a complete loss of my pension benefit.

Signature of Participant

Date Signed

Please return this completed form and all required attachments (see below) to the attention of the Board of Trustees, IBEW Local No. 461 Variable Pension Plan 6525 Centurion Drive, Lansing, Michigan 48917-9275.

- 1. Birth Certificate
- 2. Spouse's Birth Certificate
- 3. Marriage Certificate
- 4. Death Certificate(s) of any late or former spouse(s)
- 5. *All* Judgments of Divorce, Separation Agreements and/or Qualified Domestic Relations Order(s) (including Property Settlement Agreements and any similar or related orders with any attachments) (If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be significantly expedited.)
- 6. If you have ever served in the military or other uniformed services of the United States, please submit a copy of your honorable discharge from military service or civilian service discharge papers.