

MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND
"REQUEST FOR APPLICATION" FORM

TO: Board of Trustees
Michiana Area Electrical Workers' Pension Fund
6525 Centurion Drive
Lansing, MI 48917

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

Normal Retirement Benefits
Early Retirement Benefits
Commencement of Deferred Vested Benefits
Disability Benefits

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 between the ages of fifty-five (55) but before reaching age sixty (60) must have separated from service for three (3) payroll reporting calendar months; and those at least age sixty (60) but less than sixty-two (62) must have one (1) payroll reporting calendar month with no hours worked in covered service immediately after your retirement date before monthly retirement benefits can start. When you reach Normal Retirement age of 62, you can collect your monthly retirement benefit whether or not you continue to work in covered employment. Your first pension 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 retroactive check will be issued for the period after your retirement date. Your retirement date will be the first day of the month after the receipt of your application and all personal data required to process by the Fund Office.

to be effective _____ 1, _____
(Month) (Year)

(If you are totally and permanently disabled, please indicate the date of your disability): _____

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

First Name, Middle, Last

Social Security Number or ID Number

Date of Birth

Street Address

City, State, Zip Code

Phone Number

Email Address

Current Local Union No. (if any)

Initiation Date into Local

If you have had contributions made on your behalf to another Electricians Pension Fund, which were worked out of the Jurisdiction of the Michiana Area Electrical Workers' Pension Fund, please complete the following:

Name of Fund: _____ Location: _____

Local Union No.: _____ Year(s): _____

The last date worked or expected to work before retirement: _____

(Please complete and sign other side)

(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: _____

Please indicate your marital status, where applicable:

Single

Married, number of times _____

Divorced, number of times _____ or widowed _____

*If divorced, please submit Judgment(s) of Divorce, Divorce Decree(s), Marital Property Settlement and Qualified Domestic Relations Order(s).

If currently married, please indicate the following:

Spouse's Name: First _____ Middle _____ Last _____

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

Date of Marriage: Month _____ Date _____ Year _____

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, Divorce Decree(s) or Qualified Domestic Relations Orders with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.**

Signature of Participant

Date