

**SHEET METAL WORKERS LOCAL 20, GARY AREA • PENSION FUND**



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[Date]

RE: SHEET METAL WORKERS LOCAL 20, GARY AREA PENSION FUND

Dear Participant,

Enclosed please find the Request for Application (RFA) form to begin your retirement process.

In addition to completing the RFA form, please return copies of the following documentation:

- Copy of your Birth Certificate
- Copy of your Spouse's Birth Certificate, if applicable
- Copy of your Marriage License, if applicable
- Death Certificate(s) of any late or former spouse(s)
- Complete copies of any Judgment of Divorces, Separation Agreements and/or Qualified Domestic Relations Order(s) (including Property Settlement Agreements and any similar or related orders with any attachments), if applicable

If you are interested in the level income options you will need to submit a copy of your Social Security Administration Estimate of Benefit Calculation.

Additionally, if you have been receiving Disability Benefits please submit copies of the check stubs to be credited correctly for any additional benefits.

If you have any questions regarding your RFA form, please contact the Pension Fund Office at 517-321-7502.

Sincerely,

BOARD OF TRUSTEES  
SHEET METAL WORKERS LOCAL 20, GARY AREA  
PENSION FUND

# SHEET METAL WORKERS LOCAL 20, GARY AREA PENSION FUND REQUEST FOR APPLICATION FORM

**To: BOARD OF TRUSTEES  
SHEET METAL WORKERS LOCAL 20, GARY AREA PENSION FUND  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275**

I hereby request a Pension Application form so that I might apply for:

**Normal Retirement Benefits  
Early Retirement Benefits  
Deferred Vested Benefits  
Total & Permanent Disability  
Benefit to Ex-Spouse Following Divorce**

Requested Retirement Date (first day of the month): \_\_\_\_\_

If you are totally and permanently disabled, please indicate the date you became disabled: \_\_\_\_\_

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

Participant: \_\_\_\_\_  
First Middle Last

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Your Address: \_\_\_\_\_  
Street

City State Zip Code

Telephone Number: \_\_\_\_\_

## **LAST EMPLOYER**

On \_\_\_\_\_, I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

Name of last contributing Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

The last date worked or 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. If you are applying for a Normal Retirement Benefit or an Early Retirement Benefit, you will be required to include with your Application for Retirement Benefits a signed and notarized Affidavit in support of application for Normal or Early Retirement Benefits.

## **MARITAL HISTORY**

Please indicate your marital status, where applicable:

Married, number of times \_\_\_\_\_  
Legally Separated \_\_\_\_\_  
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, Sheet Metal Workers Local 20, Gary Area Pension Fund 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.