

**FLINT PLUMBING AND PIPEFITTING INDUSTRY PENSION FUND
"REQUEST FOR APPLICATION" FORM**

TO: **Board of Trustees**
Flint Plumbing and Pipefitting Industry 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
Deferred Vested Benefits
Disability Benefits
Date you became permanently disabled _____

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

(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: First Middle Last

Social Security Number: (NNN-NN-NNNN)

Address: Street

City State Zip Code

Date of Birth: (MM/DD/YYYY)

Phone Number:

Current Local Union No. (if any) Initiation Date into that Local: (MM/DD/YYYY)

The last date worked or expected to work before retirement_____.

(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:

Phone Number:

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 Last

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

Married on: 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 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