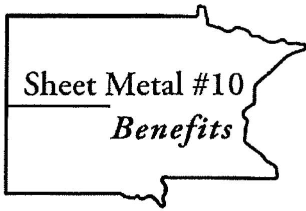


# Sheet Metal Workers' Local 10 Pension Fund

1681 East Cope Ave, Suite B, Maplewood, MN 55109
651-770-0991 Fax 651-770-1351 1-800-396-2903

## PENSION APPLICATION

* **Please read the entire form before answering any questions.**
* **Please answer all questions which apply to you.**
* **Please be sure to sign and date the application as witness by a notary public or Plan Representative.**

**If you have any questions about the form or the application process, please contact the Fund Office at the telephone number listed above.**

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## PART I - Participant Information:

1. **Name** ______________________________________________
   **Last** **First** **Middle**

2. **Social Security #** ________ - ______ - ________

3. **Address** ______________________________________________
   **Number & Street** **City** **State** **Zip**

4. **Date of birth** ______________________ 5. **Place of birth** ________________
   **month/day/year**

6. **Phone** ____________________________ **email** ____________________________

7. **Intended retirement date** ________________________ 8. **Sex** ( ) **Male** ( ) **Female**
   **month/day/year**

9. **Requested Form of Pension:**

   ( ) **Normal (Age 62)** ( ) **Early** ( ) **Rule of 90**
   ( ) **Vested Deferred** ( ) **Disability** ( ) **Partial**

10. **Marital Status:**
    ( ) **Married**
    ( ) **Divorced** *(please provide divorce decree)*
    ( ) **Separated**
    ( ) **Widowed**
    ( ) **Unmarried**

*If you are, or were married, please answer the following questions:*

A. Spouse's Name ______________________________

B. Spouse's Birth Date` ______________________________
Month/Day/Year

C. Spouse's SS # ________ - _______ - ________

D. Date of Marriage ______________________

E. Does any prior spouse have a claim against your pension benefits? ______________
If yes, please explain ______________________________

F. Is there a divorce pending? ______________________

## PART II - Additional Required Information

11. When did you first join this Local Union? ______________________

12. When is/was your last day of work? ______________________

13. Have you applied for Social Security benefits? ( ) Yes
( ) No

If yes, have those benefits been ( ) approved
( ) denied
( ) still pending

14. Have you been a member of any other local union that is affiliated with the Sheet Metal Workers' International Association, AFL-CIO?

( ) No
( ) Yes If yes, please identify which locals and for what time period.

Local ______________________ From __________ To ______________
Local ______________________ From __________ To ______________

15. Have you ever served active or reserve duty in the military service of the United States?

( ) No
( ) Yes If yes, please provide the following information:

Military Branch ________________ Was Discharge Honorable? __________
Induction Date ________________ Discharge Date ______________

16. Have there been any extended periods when you left employment, withdrew from membership in the union, or transferred out of the jurisdiction of this Local?

( ) No
( ) Yes If yes, please provide the following information:

| REASON | FROM | TO |
|---|---|---|
| | | |
| | | |

17. Have you ever been unable to work due to a total disability?

( ) No
( ) Yes If yes, please provide the following information:

| NATURE OF DISABILITY | FROM | TO |
|---|---|---|
| | | |
| | | |

18. Have you ever collected Workers' Compensation benefits during a period of total disability?

( ) No
( ) Yes If yes, please provide the following information:

| EMPLOYER AT TIME OF INJURY | FROM | TO |
|---|---|---|
| | | |
| | | |

19. Are you still employed in a position under the jurisdiction of Local Union 10?

( ) Yes Present Employer ______________________
( ) No If no, please provide the following information:

Present Employer ______________________________________________
Present Job Title/Description ______________________________________
Last Contributing Employer for whom you worked ____________________
Date you last worked in a position under the jurisdiction of
Local Union 10 ________________________________________________

Do you have any plans to perform sheet metal work for employment after retirement?
( ) No
( ) Yes

20. **After June 30, 1976, have you worked with any contributing employer in any capacity other than as a Sheet Metal Worker?**

( ) No
( ) Yes If yes, please provide the following information:

Employer____________________
Job Title/Description____________________
Employment Dates for that position____________________

## PART III - Disability Pension Information

*Please complete this section if you are applying for a disability pension benefit.*

21. **Describe your disability**

____________________

____________________

A. **Have you applied for Social Security Disability Benefits?**

( ) No
( ) Yes If yes, have those benefits been ( ) approved
( ) denied
( ) still pending

Please include a copy of the approval/denial letter.

B. **When did you become permanently and totally disabled?** ____________________

C. **Name and address of Doctor** ____________________

____________________

D. **Have you worked in any occupation since you became disabled?**

( ) No
( ) Yes If yes, please provide the following information:

| From | To | Employer | Mo. Earnings | Position |
|---|---|---|---|---|
| | | | | |
| | | | | |

## PART IV - Beneficiary Designation

***Please be advised that this change of beneficiary will replace that which is on file with the Fund Office.***

**I hereby make the following designation of my primary beneficiary.**

**PRIMARY BENEFICIARY** ______________________________
(Please state full name)

**Address** ______________________________
Number & Street City State Zip

**Relationship to you** ______________________________

**Married participants, please refer to the Waiver Form on Page 7 of this application.**

**I hereby make the following designation of my contingent beneficiary.**

**CONTINGENT BENEFICIARY** ______________________________
(Please state full name)

**Address** ______________________________
Number & Street City State Zip

**Relationship to you** ______________________________

**I understand that I may change this contingent beneficiary designation at any time, subject to the approval from my spouse.**

**Date** ______________________________

**Signature of Participant** ______________________________

**Signature of Witness** ______________________________

**Address** ______________________________
Number & Street City State Zip

## PART V - Certification and Signature

**I hereby apply for a pension benefit from the Sheet Metal Workers' Local 10 Pension Fund. The information I have provided in this application is complete and true to the best of my knowledge and belief. I understand that if any of the information I have provided is false, I may be disqualified from receiving benefits under this Plan, and that the Trustees shall have the right to recover any payments made to me as a result of those false statements.**

**Date** ____________________________________

**Signature of Applicant** ____________________________________________

**Signature of Notary Public or Plan Representative** ______________________________________

**Notary Seal Below:**

## PART VI - Spousal Waiver

### SPOUSAL WAIVER

***If you are married and have designated anyone other than your spouse as your primary beneficiary, your spouse must read the following paragraph and sign below.***

**I hereby certify that I am the spouse of the Participant identified on this form, and that I have read and understand this form as completed by the Participant, my spouse. I understand that upon my spouse's death, I would be entitled to receive a death benefit from this Plan unless I consent to the designation of someone else as the primary beneficiary to receive such death benefit. In granting this consent, I understand that I am waiving my right to any death benefit under the Plan. I also understand that the designated beneficiary may not be changed at any time during which I am married to the Participant unless I provide written consent to that change on a form like this. Finally, I acknowledge and consent to the Participant's designation of the primary beneficiary set forth above.**

**Date** ____________________________________

**Signature of Spouse** ____________________________________________

**Signature of Notary Public or Plan Representative** _____________________________________

**Notary Seal Below:**