

**PARTICIPANT'S REQUEST FOR LOCAL 13  
PENSION FUND DATA**

Date: \_\_\_\_\_

1. I request from the Pension Committee an estimate of Pension available and the amount of the options for my retirement on \_\_\_\_\_ (retirement date).
2. I understand that this information will be processed after this request is made and will be mailed to me within ten days.
3. I further understand that the benefit amounts for the various rollover options are subject to change, based upon the time span between my actually receiving the information and the date of my actual application for pension, and further, the approval of my request by the Pension Trustees.
4. I have been informed that I have a right to waive a Joint and Survivor Pension Form of benefit that would have the effect of denying my spouse's benefits after my death.

I also understand that my spouse has a right to a Joint and Survivor Pension Form of Benefit and that any Waiver made by me would be ineffective unless my spouse consents to such Waiver. I understand that a Waiver may be made at any time during the applicable election period that is defined as the 90-day period ending on the benefit starting date. The benefit starting date. The benefit starting date is the first period for which an amount is payable. I may revoke any such Waiver during the applicable election period.

5. I further understand that if I perform work in the same trade, craft, or within the U.A. geographical area my monthly pension may be stopped.

Signature \_\_\_\_\_

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FORM OF RETIREMENT REQUESTED:

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Spouse's Name \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security # \_\_\_\_\_

(Initial One Form Only)

- \_\_\_\_\_ Normal Form:  
Age 65 or Older
- \_\_\_\_\_ Special Early:  
Age 50-55 with 24 Years Service
- \_\_\_\_\_ Early Form:  
Age 50 or Over (*Less Than 24 Years of Service*)
- \_\_\_\_\_ Disability Form:  
Any Age: Social Security Award and 5 Years of Credited Service
- \_\_\_\_\_ Terminated with Deferred Vesting:  
55-65 or Over and Terminated prior to January 1, 1982
- \_\_\_\_\_ Terminated with Deferred Vesting:  
50-65 or Over and Terminated after December 31, 1981

(Initial One Form Only)

I understand this is **NOT** an application to retire

\_\_\_\_\_  
Signature

Return this completed Retirement Request Form along with a copy of the **Birth Certificate's for both you and your spouse**. You must also provide a copy of your **Marriage Certificate**

**(We will make copies Free of Charge)**