

PENSION APPLICATION

NATIONAL RETIREMENT FUND
 333 WESTCHESTER AVENUE
 WHITE PLAINS, NY 10604-2910

TYPE OF APPLICATION

- NORMAL
- EARLY AGE PENSION
- VESTED PENSION
- DISABILITY PENSION‡
- SURVIVOR PENSION♦

AR MID:

UNION MEMBER'S INFORMATION (print or type)

NAME (FIRST) (MIDDLE) (LAST) (MAIDEN)			SOCIAL SECURITY NUMBER	
COMPLETE ADDRESS (NO. AND STREET), APT#			CITY	STATE ZIP CODE
SEX <input type="checkbox"/> M <input type="checkbox"/> F	CELL PHONE #	DATE OF BIRTH	PLACE OF BIRTH (CITY/STATE/COUNTRY)	CITIZEN OF
UNION AFFILIATION / LOCAL #	INITIATION DATE	E-MAIL (PREFERRED)		

MARITAL INFORMATION (spouse)

<input type="checkbox"/> NEVER MARRIED	<input type="checkbox"/> WIDOW(ER)	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> MARRIED*	<input type="checkbox"/> DOMESTIC PARTNER*
NAME (FIRST) (MIDDLE) (LAST)		* Complete the row below		
		SOCIAL SECURITY NUMBER	MARRIAGE DATE	BIRTH DATE

BENEFICIARY INFORMATION (for any due or accrued pension payments in the event of my death)

NAME OF BENEFICIARY		RELATIONSHIP	SOCIAL SECURITY NUMBER	
COMPLETE ADDRESS (NO. AND STREET), APT#		CITY	STATE	ZIP CODE

UNION WORK HISTORY (The application will be returned if this section is left blank)

EMPLOYER NAME CITY, STATE	TYPE OF BUSINESS	POSITION HELD	EMPLOYED:		CAUSE OF UNEMPLOYMENT (QUIT, LAYOFF, DISABILITY, SHOP CLOSED)
			FROM	TO	
			MO/YR	MO/YR	

PLEASE ENCLOSE A COPY OF THE FOLLOWING DOCUMENTS (as applicable)

FAILURE TO PROVIDE ALL APPLICABLE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION	
<input type="checkbox"/> RECORD OF BIRTH (BIRTH CERTIFICATE or PASSPORT or NATURALIZATION PAPERS)	<input type="checkbox"/> SIGNED SOCIAL SECURITY EARNINGS AUTHORIZATION FORM
<input type="checkbox"/> MARRIAGE CERTIFICATE (S)	<input type="checkbox"/> COMPLETE DIVORCE DECREE (S)
<input type="checkbox"/> SPOUSE'S RECORD OF BIRTH	<input type="checkbox"/> SPOUSE'S DEATH CERTIFICATE
<input type="checkbox"/> *SOCIAL SECURITY DISABILITY AWARD LETTER	<input type="checkbox"/> *MEMBER DEATH CERTIFICATE

SIGNATURE:

I certify that I have read all parts of this application and believe that the information provided is complete and correct.

SIGNATURE OF APPLICANT	DATE
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