

# 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)

<b>FAILURE TO PROVIDE ALL APPLICABLE DOCUMENTS WILL DELAY THE PROCESSING OF YOUR APPLICATION</b>	
<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