

Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund
111 W. Cataldo – PO Box 5434
Spokane, WA 99205
(509) 328-0300

APPLICATION FOR RETIREMENT BENEFITS

(PLEASE TYPE OR PRINT)

NAME _____ SOCIAL SECURITY NUMBER _____
(Last) (First) (MI)

ADDRESS _____
(Number & Street) (City) (State) (Zip)

PHONE NUMBER (____) _____ LOCAL UNION NO. _____

DATE OF BIRTH _____ (Attach Proof of Age)
(Month-Day-Year)

DATE YOU RETIRED OR PLAN TO RETIRE _____

ARE YOU PRESENTLY EMPLOYED, IN **ANY** OCCUPATION? _____

IF YES: WHAT IS YOUR OCCUPATION? _____

YOUR LAST DATE OF EMPLOYMENT WAS OR WILL BE _____

NAME OF MOST RECENT OR CURRENT EMPLOYER _____

DATE LAST EMPLOYED WITH EMPLOYER CONTRIBUTING TO THIS TRUST _____

MARITAL STATUS: Married _____ Single _____ Divorced _____ Widow(er) _____

BENEFICIARY _____
(Last) (First) (MI)

DATE OF BIRTH _____ RELATIONSHIP _____

SOCIAL SECURITY NUMBER OF BENEFICIARY _____

IF ELIGIBLE, I WANT TO RETIRE ON A (CHECK ONE)

- | | |
|---|---|
| <input type="checkbox"/> NORMAL RETIREMENT (AGE 65) | <input type="checkbox"/> RULE OF 80 |
| <input type="checkbox"/> EARLY RETIREMENT (AGE 63-64) | <input type="checkbox"/> DISABILITY RETIREMENT (Under age 55) |
| <input type="checkbox"/> EARLY RETIREMENT (AGE 55-62) | <input type="checkbox"/> PRO-RATA RETIREMENT |

The following types of evidence are acceptable as Proof of Age, provided the **complete month, day and year** of birth is stated. The types are listed in order of preference:

- | | |
|---------------------------------|--|
| 1. Birth Certificate | 6. Certified copy of page of Family Bible |
| 2. Infant Baptismal Certificate | 7. Naturalization Papers |
| 3. Copy of School Age Record | 8. Passport |
| 4. Confirmation Record | 9. Certificate of Armed Service Record |
| 5. Marriage Certificate | 10. Life Insurance Policy at least 5 years old |

(PLEASE COMPLETE REVERSE SIDE)

UNION MEMBERSHIP:

1. List below the dates of your union membership history:

		From	To
City and State	Local Union No.	Month Year	Month Year

2. List below the names and locations of any other Retirement Funds in whose jurisdiction you have worked (if any):

MILITARY SERVICE:

Did you serve in the Armed Forces of the United States? (Except temporary tours or duty of not more than 30 days) Yes ____ No ____

If your answer was "Yes" state:

Branch _____ Date from: Month ____ Day ____ Year ____

Date to: Month ____ Day ____ Year ____

Were you: () Drafted () Enlisted () Activated through a Reserve Unit

Either voluntarily ____

involuntarily ____

() Other: _____

I hereby make application for retirement benefits to which I may be entitled under provisions of the Washington-Idaho-Montana Carpenters-Employers Retirement Trust Fund. Benefits will be payable in the normal amount unless I choose an optional form. The foregoing statements are true and correct to the best of my knowledge and belief. I understand that a false statement will disqualify me for retirement benefits.

SIGNATURE OF PARTICIPANT _____ DATE _____