

Alaska Plumbing and Pipefitting Industry Pension Fund

Physical Address 375 W. 36th Avenue Suite 200 Anchorage, Alaska 99503 • Mailing Address PO Box 93870 Anchorage, Alaska 99509
Phone (907) 561-5119 or (800) 325-6532 • Fax (907) 561-4802 • Website www.akpipetrades.com

Administered by
Labor Trust Services, Inc.

PENSION APPLICATION

Name: _____
(Last) (First) (Middle)

Mailing Address: _____
(City) (State) (Zip Code)

Social Security No.: _____ Telephone No.: _____
(include area code)

Union Local: _____ Card No.: _____ Birth Date: _____

Spouse's Name: _____ Spouse Birth Date: _____
(include maiden name if applicable)

Spouse's Social Security No.: _____

If not married, please list contingent beneficiary (the person to whom you would wish pension benefits to be paid in the event of your death). If not married, this **must** be completed.

Name: _____ Beneficiary's Birth Date: _____

Give Date of Most Recent Reinstatement or Initiation to Union: _____

Name and Address of Present (Or Most Recent) Employer in the Industry: _____

Are you still employed? Yes No If Yes, Give Your Anticipated Last Date of Employment _____
If No, Give Date Last Employed _____

IN ACCORDANCE WITH THE TERMS OF THE PLAN, I HEREBY REQUEST THAT MY

_____ Retirement Effective on: _____
Normal, Early or Disability Month and Year
(keep in mind that benefits begin on the first day of the month)

I UNDERSTAND THAT THIS APPLICATION CAN BE CANCELED BY MY WRITTEN REQUEST AT ANY TIME PRIOR TO THE RETIREMENT DATE INDICATED ABOVE.

Signature

Date Signed

Please see the reverse side of this form for instructions regarding documentation to be returned along with this form. Return this application, with the documentation described on the reverse attached, directly to the ALASKA PLUMBING AND PIPEFITTING INDUSTRY PENSION TRUST FUND at the address shown above. When returning this application to the Trust Fund office, it must be accompanied by the following.

With the exception of the Marital Status Affidavit, original documents are not necessary, provided that photocopies are legible.

- 1) Proof of your date of birth.
- 2) If you are married, proof of your spouse's date of birth.
- 3) If you are married, a copy of your marriage certificate.
- 4) If you are married, and if your spouse's last name at the time of marriage to you was different from his/her last name at birth, documentation of the name change. For instance, if the name change was due to a previous marriage, acceptable documentation would be a copy of the former spouse's death certificate or a copy of the decree of divorce.
- 5) If you are not married, the **original** Marital Status Affidavit that has been included with this application.
- 6) If you are not married, proof of your contingent beneficiary's date of birth.
- 7) If you are not married, and if your contingent beneficiary's last name at this time is different from his/her last name at birth, documentation of the name change. For instance, if the name change is due to marriage, acceptable documentation would be a copy of the marriage certificate.
- 8) If you are or have been divorced, a complete copy of the decree(s) of divorce, including any property settlement agreement(s) that are referenced in the decree(s), and any domestic relations order(s) that award pension benefits to an ex-spouse.

If birth certificates are not available, other documents of proof must be submitted. Acceptable documents include confirmation records, school records, birth records of children, naturalization records, census records and passports as long as the date of birth is indicated on the document.

If you have already provided any of this documentation to the Trust Fund Office, so that it is in their records, then you do not need to attach another copy to your application. The Trust Fund Office will review their records for any documentation for you that is already on file.