

Northwest Ironworkers Trust Funds

Physical Address 7525 SE 24th Street Suite 200 Mercer Island, WA 98040 • Mailing Address PO Box 34203 Seattle, WA 98124
Phone (206) 441-7226 or (866) 986-1515 • Fax (206) 695-0984 • Website www.ironworkerstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR RETIREMENT

Please print or type the following information:

1. Name _____ 2. Social Security No. _____

3. Mailing Address _____ City & State _____ Zip Code _____

4. Union Local # _____ 5. Home Phone # _____ 6. Birth Date* _____

*NOTE: Please attach a copy of your state issued Birth Certificate. See reverse side for more information.

Cell Phone # _____ E-Mail Address _____

7. Type of Retirement for which you are applying: (check one)

Normal (age 65 or older) Service (35 Yr) Early (age 55 – 64) Disability

8. Marital Status (past and present):

Never Married Married Widowed Separated Divorced – Date of Separation/Divorce** _____

**If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.

9. If currently married, please enter spouse's name, birth date and social security number:

Spouse's Name _____ Birth Date _____ Social Security No. _____

10. If **not** married, name of Beneficiary: _____ Relationship _____

11. Address of Beneficiary: _____

12. Name and address of your most recent employer in the industry: _____

_____ Last day worked: _____

Name and address of your current employer (if different from above): _____

_____ My last date of employment was/or will be: _____

13. List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry. **Please complete the chart on the reverse side of application.**

14. Have you at any time been an owner, partner, corporate officer or otherwise involved in the management of any business while covered by an International Association of Bridge, Structural, Ornamental and Reinforcing Iron Workers Union contract?

No Yes If you replied yes, please provide the information requested below and additional information may be requested:

Position of Ownership or Management	Name & Address of Business

15. In accordance with the terms of the Plan, I hereby request that my retirement be effective _____. I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof.

16. I understand that this application can be cancelled by my written request any time prior to the retirement date indicated above. I have fully read and understand the information furnished in the Northwest Ironworkers Retirement Trust Plan booklet.

Witness

Member Signature

Address of Witness

Date

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry.

Local Union No.	City and State	Dates of Membership			
		From Month	Year	To Month	Year

DOCUMENTS ACCEPTABLE AS PROOF OF AGE

A) A copy of the following documents will be acceptable as proof of age:

1. State Issued Birth Certificate

B) If the preceding is not available, copies of any TWO of the following may be submitted:

1. Passport - *may not be photocopied or expired*
2. Naturalization or Immigration Papers - *may not be photocopied*
3. State Issued Driver's License with photo – *must be current - may not be expired*
4. Military Records
5. Civil Service Records

NOTE: All documentation submitted as proof of age must clearly show your name and age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.