

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

1600 WALT WHITMAN ROAD, MELVILLE, L. I., N. Y. 11747



APPLICATION FOR PENSION

I hereby apply to the Board of Trustees for a Pension:

MY NAME IS

MY ADDRESS IS

MY TELEPHONE NUMBER IS

MY DATE OF BIRTH IS

(Proof of age must be submitted — See Instructions)

MY SOCIAL SECURITY NUMBER IS

MY UNION BOOK NUMBER IS

I HAVE RETIRED OR PLAN TO RETIRE ON 19

(Month)

MY LAST DATE OF EMPLOYMENT WAS.....

MY BENEFICIARY IS WHO IS MY

(Insert Full Name)

(Insert Relationship)

ADDRESS DATE OF BIRTH

MY BENEFICIARY'S SOCIAL SECURITY NUMBER IS

I agree to notify the Trustees of the Pension Fund in writing whenever I return to work in the Industry.

I also agree that Pension payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended; and that the making of any Pension payment and its acceptance by me shall not prevent the Trustees from recovering or otherwise affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any Pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided for by the Plan, as it may from time to time be amended.

SIGNATURE OF APPLICANT:

DATED

SIGNATURE OF WITNESS:

SIGNATURE OF WITNESS:

ADDRESS OF WITNESS:

ADDRESS OF WITNESS:

(Signature must be witnessed by two adults. It need not be notarized.)