

MICHIANA AREA ELECTRICAL WORKERS' PENSION FUND
"REQUEST FOR APPLICATION" FORM
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TO: Board of Trustees
Michiana Area Electrical Workers' Pension Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275

I hereby request an Application Form so that I might apply for
Normal Retirement Benefits
Early Retirement Benefits
Commencement of Deferred Vested Benefits

to be effective (Month)/(Year) _____

(If you are totally and permanently disabled, please indicate the Date of your Disability):

I hereby submit the following personal information (Please type or print):

Name (First, Middle and Last): _____

Social Security Number: _____

Complete Address (Street Information, City, State and ZIP):

Date of Birth: _____ Phone Number: _____

Current Local Union No. (if any) _____ Initiation Date into that Local: _____

The last date worked or expected to work before retirement: _____

(If date is not completed, we will assume that you will
continue to work through the month immediately preceding
the effective date you indicated above.)

Name of last Contributing Employer: _____

Phone Number: _____

Please indicate your marital status, where applicable:

Single

Married (number of times)

Divorced (number of times)

Widowed

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Spouse's Name (First, Middle and Last): _____

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Date of Marriage: _____

CERTIFICATION

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.

Signature of Participant: _____

Date signed: _____