IAM NATIONAL PENSION FUND

**COVERED EMPLOYEE OR NON-PARTICIPANT NAME:**_____

SS#_____

FOR FUND OFFICE USE ONLY

# REQUEST FOR APPLICATION OR ESTIMATE

**I am requesting (check one):**

- ☐ **A Pension Application**
- ☐ **A Death Benefit Application** (Covered Employee's Date of Death _____)
- ☐ **An Estimate of my Pension at Age(s) _____ or Effective Date of _____**
- ☐ **Other** *(please specify):* _____

_____

_____

_____

**Covered Employees complete Sections I and III.**
**Spouse, Alternate Payee or Beneficiary complete Sections I, II and III.**

## SECTION I Covered Employee

Covered Employee's Name _____

Address 1_____ Employee's Social Security No. __ __ __ -__ __- __ __ __ __
Address 2_____ Employee's Date of Birth __ __ /__ __ /__ __ __ __
City _____ Phone No. (__ __ __) - __ __ __- __ __ __ __
State _____ Zip Code_____ Email Address: _____

Planned Pension Effective Date _ _ /_ _ /_ _ (If requesting a pension application this date cannot be more than 180 days in the future)

Employee's Last Contributing Employer _____Last Day Worked __ __ /__ __ /__ __
*(in any employment)*

(If Applying for a Disability Pension) Date of Disability _ _ /_ _ /_ _

Employee's Marital Status (check one) ☐ Married ☐ Not Married

Spouse's Name _____ Spouse's Date of Birth __ __ /__ __ /__ __ __ __

## SECTION II Applicant

Applicant's Name (if Not Covered Employee) _____

Relationship to Covered Employee:
☐ Beneficiary (please specify: parent, child, sibling, etc.) _____
☐ Spouse ☐ Alternate Payee (QDRO)

Address 1_____ Applicant's Social Security No. __ __ __ -__ __- __ __ __ __
Address 2_____ Applicant's Date of Birth __ __ /__ __ /__ __ __ __
City _____ Phone No. (_____) __ __ __- __ __ __ __
State _____ Zip Code_____ Email Address: _____

## SECTION III Signature

***Employee/Applicant's*** Phone (_____) __ __ __ - __ __ __ __ and/or Email Address _____

***Employee/Applicant's Signature*** _____ Date _____