**IAM NATIONAL
PENSION FUND**

EMAIL FORMAT TO REQUEST 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** _____

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

I. Covered Employee's Name _____

Covered Employee's Address _____

City _____ State _____ Zip Code _____

Last 4 Digits of Employee's Social Security No. __ __ __ __   Employee's Date of Birth _ _ /_ _ /_ _

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 _ _ /_ _ /_ _

II. Applicant's Name (if Not Covered Employee) _____

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

Applicant's Address _____

City _____ State _____ Zip Code _____

Last 4 Digits of Applicant's Social Security No. __ __ __ __   Applicant's Date of Birth _ _/_ _/_ _

III. *Employee/Applicant's* Phone (_____) _____ and/or Email _____

Employee/Applicant's Signature _____ Date _____