

**PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33**  
**RETIREMENT TRUST**  
**RETIREMENT BENEFITS APPLICATION**

Please read this application carefully before answering any questions. Please print or type your answers to all questions that may apply to you. If any questions on the application are unclear, please contact the Fund Office for assistance. After completing this application, be sure to sign your name and date the application. ***The Fund Administrator recommends that you apply for pension benefits at least 90 days prior to the date you want your pension payments to commence.***

Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ (SUBMIT PROOF OF AGE)

Social Security # \_\_\_\_\_

Are you married or have you ever been married? ☐ Yes ☐ No (attach marriage certificates)

If yes, indicate how many total times you have been legally married: \_\_\_\_\_

If yes, answer the following questions (for each marriage. **Use additional paper, if necessary**).

a. Spouse's Name \_\_\_\_\_

b. Spouse's SS# \_\_\_\_\_

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) \_\_\_\_\_  
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) \_\_\_\_\_  
Month Day Year

e. Date of Divorce (if applicable) \_\_\_\_\_  
Month Day Year

f. Date of Death (if applicable) \_\_\_\_\_ (attach death certificates)  
Month Day Year

g. If divorced, please provide copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

☐ Yes (You must attach a copy of the Order)

☐ No

Date You Expect to Retire \_\_\_\_ / 01 / \_\_\_\_ (must be First Day of Month and After Last Day of Work)

Name of Current Employer \_\_\_\_\_

Last Day with Current Employment \_\_\_\_\_

THE FOLLOWING QUESTIONS WILL ASSIST ON DETERMINING IF YOU HAVE A RECOGNIZABLE GRACE PERIOD UNDER THE TERMS OF THE PLAN.

Have you ever been absent from work due to disability? ☐ Yes ☐ No

If yes, provide the dates you were absent. You may be entitled to a grace period subject to the rules of the Plan.

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Have you ever served in the Armed Forces of the United States?

☐ Yes (You must attach a copy of your discharge papers, DD 214) ☐ No

If yes, provide the branch of service, date entered and date separated or discharged.

\_\_\_\_\_  
Branch of service

\_\_\_\_\_  
Date entered

\_\_\_\_\_  
Date discharged

Have you ever been absent from work due to the Family Medical Leave Act (FMLA)? ☐ Yes ☐ No

If yes, provide the dates you were absent.

From \_\_\_\_\_ To \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

#### TYPE OF BENEFIT

\_\_\_\_ Regular Pension

\_\_\_\_ Early Retirement Pension

\_\_\_\_ Deferred Pension

\_\_\_\_ Disability Pension

\_\_\_\_ Normal Retirement Age Benefit

\_\_\_\_ Pre-Retirement Death Benefit

\_\_\_\_ In-Service Distribution (59 ½ or older)

\_\_\_\_ Pre-Retirement Surviving Spouse Pension (Qualified Pre-Retirement Survivor Annuity)

\_\_\_\_ Contingent Early Retirement Pension Pending Disability Determination-Date applied for Social Security Disability Award: \_\_\_\_\_

IF YOU ARE APPLYING FOR A CONTINGENT EARLY RETIREMENT PENSION PENDING DISABILITY DETERMINATION, ATTACH A COPY OF YOUR SOCIAL SECURITY APPLICATION.

IF YOU ARE APPLYING FOR A DISABILITY PENSION, ATTACH A COPY OF YOUR SOCIAL SECURITY AWARD, IF ANY AND A MEDICAL REPORT FROM YOUR DOCTOR ON YOUR DISABILITY AND COMPLETE THE FOLLOWING:

Nature of Disability \_\_\_\_\_

Date You Became Disabled \_\_\_\_\_

DESCRIPTION OF WORK IN ANY OCCUPATION YOU HAVE PERFORMED SINCE YOU BECAME DISABLED, INCLUDING THE EMPLOYER, PERIOD OF EMPLOYMENT AND MONTHLY EARNINGS

Employer	From	To	Earnings	Type of Work

I HEREBY APPLY FOR A PENSION OR BENEFITS FROM THE PLUMBERS AND STEAMFITTERS LOCAL UNION NO. 33 RETIREMENT TRUST AND CERTIFY THAT THE FOREGOING STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR A PENSION OR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

APPLICATION MUST BE SUBMITTED PRIOR TO THE FIRST DAY OF THE MONTH FOR WHICH PENSION OR BENEFIT PAYMENTS, IF APPROVED, ARE TO BEGIN.

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IF NEEDED, PLEASE USE THE SPACE BELOW TO PROVIDE ADDITIONAL INFORMATION ABOUT ANY AND ALL PREVIOUS SPOUSES - USE ADDITIONAL PAPER IF NECESSARY.

a. First Ex-Spouse's Name \_\_\_\_\_

b. Spouse's SS# \_\_\_\_\_

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) \_\_\_\_\_  
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) \_\_\_\_\_  
Month Day Year

e. Date of Divorce\_(if applicable) \_\_\_\_\_  
Month Day Year

f. Date of Death (if applicable) \_\_\_\_\_ (attach death certificates)  
Month Day Year

g. If divorced, please provide copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

☐ Yes (You must attach a copy of the Order)

☐ No

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a. Second Ex-Spouse's Name \_\_\_\_\_

b. Spouse's SS# \_\_\_\_\_

c. Spouse's Date of Birth (SUBMIT PROOF OF AGE) \_\_\_\_\_  
Month Day Year

d. Date of Marriage (SUBMIT PROOF OF MARRIAGE) \_\_\_\_\_  
Month Day Year

e. Date of Divorce\_(if applicable) \_\_\_\_\_  
Month Day Year

f. Date of Death (if applicable) \_\_\_\_\_ (attach death certificates)  
Month Day Year

g. If divorced, please provide copy of Dissolution of Marriage (Divorce Decree). Is there a Domestic Relations Order (DRO) pending qualification or a Qualified Domestic Relations Order (QDRO) on file, which assigns some or all of your benefit to an Alternate Payee(s)?

☐ Yes (You must attach a copy of the Order)

☐ No