

**MICHIGAN CARPENTERS' PENSION FUND
REQUEST FOR APPLICATION FORM**

**THIS REQUEST FOR APPLICATION WILL BECOME A PART OF YOUR APPLICATION
AND ANY EFFECTIVE DATES FOR BENEFITS WILL BE DETERMINED BY RECEIPT OF THIS REQUEST**

**TO: BOARD OF TRUSTEES
MICHIGAN CARPENTERS' PENSION FUND
6525 Centurion Drive
Lansing, MI 48917-9275**

I hereby request an Application form so that I might apply for:

- | | | | |
|--------------------------|----------------------------|--------------------------|--|
| <input type="checkbox"/> | Normal Retirement Benefits | <input type="checkbox"/> | Unreduced Early Retirement Benefits |
| <input type="checkbox"/> | Early Retirement Benefits | <input type="checkbox"/> | Commencement of Deferred Vested Benefits |

to be effective on the first day of _____, 20_____.
(Month) (Year)

(If you are disabled from the Carpentry Trade or are totally and permanently disabled, please indicate the date you became so disabled: _____)

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

Name: First Middle Last

Social Security Number: - -

Address: Street

 City State Zip Code

Date of Birth: Phone Number:

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

If you have had contributions made in your behalf to another Pension Fund covering employees represented by the United Brotherhood of Carpenters & Joiners of America, please complete the following:

Name of Fund: Location:

Local Union No.: Years:

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

The last date worked or expect to work before retirement _____
PLEASE NOTE: If the date requested above is not completed, we will assume that you will continue to work through the month immediately preceding the effective date that you indicated at the top of this form.

Name of last contributing employer _____ Phone # (____) _____

Please indicate your marital status, where applicable:

Married Divorced Widowed Single

If currently married, please indicate the following:

Spouse's Name: First Middle Maiden Last

Spouse's Social Security Number: — —

Spouse's Date of Birth: Date of Marriage:

If you have not already done so, you must provide the Fund Office with the following items:

- Proof of Birth
- Spouse's Proof of Birth
- Marriage Certificate or Licenses
- All Judgments of Divorce with attachments

MILITARY SERVICE INFORMATION: The Plan provides that you may receive credit for periods that you spent in military service or certain civilian U.S. Government service, provided that you satisfy certain requirements. If you believe that you may be entitled to such credit for your military or civilian U.S. Government service, please submit a copy of your honorable discharge from military service or civilian service discharge papers.

CONTIGUOUS NON-COVERED EMPLOYMENT (*Complete if applicable*): The Plan provides that after August 1, 1976, employment you may have had with a contributing employer or employers for which no pension contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested and to maintain your active status under the Plan. If you believe you may have worked in Contiguous non-covered employment, please provide the Fund Office with the name of that Employer, the period of time worked and the job at which you worked for their review.

CERTIFICATION

I hereby certify that all of the information furnished by me on this Request 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 made part of my Application for Benefits 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 copy of my marriage license or certificate. I also understand that, if I am divorced, I must submit a complete copy or copies of my Judgment(s) of Divorce with all attachments and, if I am widowed, I must submit a copy of my late spouse's certificate of death. I further understand that any material misrepresentation of such as my marital status constitutes fraud and may result in a complete loss of my pension benefit.

Signature of Participant _____ Date _____

Please return this complete form to the Board of Trustees at the address indicated on the front side of this form.