

**HEAT AND FROST INSULATORS AND ALLIED WORKERS' LOCAL 47
RETIREMENT TRUST FUND
"REQUEST FOR APPLICATION" FORM**

TO: **Board of Trustees**
Heat and Frost Insulators and Allied Workers' Local 47 Retirement Trust Fund
6525 Centurion Drive
Lansing, MI 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 _____
Complete Date, MM/DD/YYYY

(If you are totally and permanently disabled,
please indicate the Date of your Disability): _____
Complete Date, MM/DD/YYYY

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

Name: _____
(Complete legal name – First, Middle and Last Names – as applicable)

Social Security Number: _____
(NNN-NN-NNNN Format)

Address: _____
(Complete Physical Street Address)

(Include additional address information here, if necessary)

Date of Birth: _____
(MM/DD/YYYY)

Phone Number: _____
(NNN) NNN-NNNN

Current Local Union No. (if any)

Initiation Date into that Local: (MM/DD/YYYY)

The last date worked or expected to work before retirement: _____
Complete Date, MM/DD/YYYY

(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 _____ or widowed _____

If currently married, please indicate the following:

Spouse's Name: _____
(Complete legal name – First, Middle and Last Names – as applicable)

Spouse's Social Security Number: (NNN-NN-NNNN Format)

Spouse's Date of Birth: (MM/DD/YYYY)

Married on: (MM/DD/YYYY)

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