



(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:                      First                      Middle                      Last

\_\_\_\_\_  
Spouse's Social Security Number:                      Spouse's Date of Birth:

\_\_\_\_\_  
Married on:                      Month                      Date                      Year

**CONTIGUOUS NON-COVERED EMPLOYMENT**  
**(Complete only if applicable)**

Under the provisions of the Plan, employment you may have had with a contributing employer or employers in a capacity other than one which required that contributions be made to the Fund on your behalf may, under certain conditions, be considered for vesting purposes if you are otherwise less than 100% vested. This is called "contiguous non-covered employment" and is subject to verification. If, at any time since \_\_\_\_\_ you worked in such a capacity, please complete the following:

Name of Employer

Period Worked

Capacity

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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