

Sheet Metal Workers Local Union No. 32 Pension Fund
c/o National Employee Benefits Administrators, Inc.
2010 N.W. 150th Avenue, Suite 100 • Pembroke Pines, FL 33028
(800) 842-5899 • (954) 266-6322 • Fax (954) 266-2079



APPLICATION FOR RETIREMENT BENEFITS

<u>Mail this application to:</u> National Employee Benefits Administrators, Inc. 2010 N.W. 150 th Avenue, Suite 100 Pembroke Pines, FL 33028	<u>Type of Retirement</u> (Check one box) Normal Disability Early
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APPLICANT INFORMATION (Please Print):					
Full Name:					
Social Security Number:		Date of Birth:			
Street Address:					
City:		State:		Zip Code:	
Telephone number:		Email Address:			
Sex:	Male	Female	Marital Status:		
Name of Last Employer:					
Last Day Worked or Last Day to be Worked:					
Date of Retirement:		Date First Employed in Local 32's Jurisdiction:			
Have you ever been self-employed as a sheet metal worker?	Yes	No	If yes, when?	to	
Was your employment ever interrupted by disability?	Yes	No	If yes, when?	to	
Was your employment ever interrupted by military service?	Yes	No	If yes, when?	to	
Was your employment ever interrupted by a layoff?	Yes	No	If yes, when?	to	

SPOUSE AND/OR BENEFICIARY INFORMATION (Please Print):					
Full Name:					
Social Security Number:		Maiden Name:			
Date of Birth:		Date of Marriage:			
Name of Beneficiary if Other Than Spouse:					
Social Security Number:		Date of Birth:		Relationship:	

APPLICANT CERTIFICATION

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I HEREBY CERTIFY TO THE BOARD OF TRUSTEES THAT I WILL ADHERE TO THE RESTRICTIONS REGARDING EMPLOYMENT AFTER THE EFFECTIVE DATE OF MY RETIREMENT BENEFITS, IN ACCORDANCE WITH THE RULES ESTABLISHED BY THE BOARD OF TRUSTEES. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS.

_____ Signature of Applicant	_____ Date	_____ Signature of Witness	_____ Date
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A COPY OF THE APPLICANT'S PROOF OF AGE AND, IF MARRIED, SPOUSE'S PROOF OF AGE AND MARRIAGE CERTIFICATE IS REQUIRED.
DISABLED APPLICANTS SHOULD SUBMIT THEIR APPLICATIONS WITH OR WITHOUT A COPY OF THEIR SSA DISABILITY AWARD CERTIFICATE.