

# International Alliance Of Theatrical Stage Employees Local 22

## Pension Fund

### Request for Application

#### **SECTION I – PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

#### **MARITAL HISTORY**

Married, number of times \_\_\_\_\_

Legally Separated \_\_\_\_\_

Divorced, number of times \_\_\_\_\_

Widowed \_\_\_\_\_

Single \_\_\_\_\_

If currently married, please provide the following:

Spouse's Name: First	Middle	Maiden	Last
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Spouse's Social Security Number: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Spouse's Date of Birth: \_\_\_\_\_

Please return this completed form and all required attachments:

1. Birth Certificate
2. Spouse's Birth Certificate
3. Marriage Certificate
4. Death Certificate(s) of any late or former spouse(s)
5. All Judgments of Divorce, Separation Agreements and/or Qualified Domestic Relations Order(s). Including Property Settlement Agreements and any similar or related orders with any attachments.

#### **Return completed form to:**

International Alliance Of Theatrical Stage Employees Local 22  
Pension Fund  
6525 Centurion Drive  
Lansing, MI 48917

## **SECTION II – BENEFIT TYPE**

**Early Unreduced Retirement** – 30 Pension Credits and no longer working in Covered Employment

Date of Retirement: \_\_\_\_\_

**Early Reduced Retirement** – Age 55 with 10 Pension Credits and no longer working in Covered Employment

Date of Retirement: \_\_\_\_\_

**Normal Retirement** – Age 62 and no longer working in Covered Employment

Date of Retirement: \_\_\_\_\_

**Vested Deferred** – Age 55 and 10 Pension Credits without 1 hour of service after January 1, 1998 or Age 55 and 5 Pension Credits with 1 hour of service after January 1, 1998

**Disability** – Attach a copy of your Social Security Disability Award

**Death** – Attach a copy of the death certificate

**Qualified Domestic Relations Order**

## **SECTION III - PARTICIPANT'S STATEMENT**

I hereby certify that all the information furnished by me on this form is to the best of my belief and knowledge, true and complete. I understand that this completed 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 and/or Qualified Domestic Relations Order(s) (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of any late spouse(s) or former spouse(s).

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.

\_\_\_\_\_  
**Participant's Signature**

\_\_\_\_\_  
Date