

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 _____

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