

District Council #82 Painting Industry Pension Plan

3001 Metro Drive – Suite 500
Bloomington, MN 55425
Phone 952-854-0795 or 1-800-535-6373

APPLICATION FOR BENEFITS

Name _____ Telephone No. _____
Last First Middle

Address _____
Number & Street City State Zip Code

Social Security No. ____ ** ____ ** _____ Date of Birth _____
(Include Proof of Age)

Date last worked in the Painting Industry _____ Employer _____

Marital Status: ____ Single ____ Married ____ Divorced

Spouse's Name _____ Spouse's Date of Birth _____

Spouse's Social Security No. ____ ** ____ ** _____ Date of Marriage _____

If beneficiary is other than spouse, complete the following:

Name _____ Relationship _____

Address _____ Social Security No. ____ ** ____ ** _____

Type Of Benefit You Are Applying For: Read Carefully and Check Only One

____ Normal Retirement ____ Early Retirement ____ Disability Benefit* (Complete Section Below)

*Disability Benefit

- Include copy of your Social Security Award Letter
- Date you became totally and permanently disabled _____
- Name and address of Physician _____

In applying for benefits listed above, I certify that the above statements are true to the best of my knowledge. I agree and understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement

Participant Signature _____ Date _____

-OVER-

RETIREMENT DECLARATION

I hereby certify that I have read the enclosed notice regarding Suspension of Benefits. I agree that I will comply with these rules, including, but not limited to notifying the Plan after starting work of a type that is or may be disqualifying employment, regardless of how many hours I intend to work.

Participant Signature _____ Date _____