UPSTATE NEW YORK ENGINEERS PENSION FUND

101 Intrepid Lane, P.O. Box 100 Colvin Station, Syracuse, New York 13205-0100

APPLICATION FOR PENSION BENEFITS

Name of Member	4			Soc. Sec. No.	
Name of Spouse	Last	First	M.I.	Soc. Sec. No.	
	Last	First	M.I.	500. 500. 110.	
Date of Current Mar	riage:				
	Marriage Certificate mu	et he provi	ded If vo	— 11 are not marrie	d nlesse
	e, Parts I and II. In the	-			· •
My last day of active	(union or non-union) en	mployment	is/was:		
I hereby apply for my	y pension to begin on:			1 (1 (2)	
Is this application for	r Disability Pension Ber	nefits? Ye	must es	be the first of the 	month)
My current mailing a	ddress and telephone	number ar	e (must b	e completed):	
····					
	•				
supplied with inform this information is no documents are requi	O. Box 100 Colvin Stat ation regarding the variot returned to you withing the process your penatry assured the earliest	ious pensio n 30 days, sion, howe	n options please co ver, your	, including amou ntact the Fund of	nts. In the event
Member's Date of Bir	th	Sp	ouse's Da	ite of Birth	
Evidence of your date	es of birth MUST be sub	omitted. Re	eadable pl	noto copies are a	cceptable.
If I return to work, I a	agree to notify the Boar	d of Truste	es in writi	ng, within 5 days	s of work.
	j			Date	······································
Signature of	Witness			Signature of M	Member
	i i				
Address of V	Vitness		Sign	nature of Union F	Representative
	<u> </u>		Date	of Signature	Local No.

Upstate New York Engineers Pension Fund LOCAL UNIONS 17, 158, 463 OF THE

International Union of Operating Engineers, AFL-CIO
101 Intrepid Lane, P.O. Box 100 Colvin Station, Syracuse, New York 13205-0100

PART I		
annuity. I understa	and that my re sion Plan after	(name), do not want to received my pension Survivor benefit, but will accept in its place a straight life ejection of this form of pension means that no benefits are my death (except death benefits as provide under other
I am not, a	and was never	r, married.
	v 1	
I am legall	y separated (p	please provide a certified copy of the separation agreement).
	ust be provide	o longer married. (Proof of the reason of no longer being ed to the Fund Office - certified copy of the Divorce Decree
What proof	f can you sup	y spouse. (Additional proof is needed if you check here.) ply showing your efforts to locate your spouse or have you spect to your spouse's disappearance?
PART II	:	
Date of previous Ma	rriage(s)	
Date of Divorce(s)	?	
Please provide certif	ied copies of I	Divorce Decree(s) and Separation Agreement(s).
Date		Member's Signature
PART III		
STATE OF COUNTY OF		
On the	day of	
described in and who that (s)he executed t	o executed the	e foregoing statement and (s)he duly acknowledged to me
	:	
		Notary Public