

APPLICATION FOR IRON WORKERS DISTRICT COUNCIL OF SOUTHERN OHIO & VICINITY PENSION TRUST

Mailing Address Main P.O. Box 398 Dayton, Ohio 45401
Phone: (937) 454-1744 Toll Free: (800) 331-4277 Fax: (937) 454-5457

Please complete fully – Print or type answers, then sign, date and return this form to the Pension office at the above address. You MUST include a copy of your birth certificate with this application

I hereby apply for a pension from the Iron Workers District Council of Southern Ohio & Vicinity Pension Trust, and certify all statements in this application are true to the best of my knowledge and belief. If a pension is granted me, I agree to be bound by all the Rules and Regulations of the Pension Plan and will personally endorse all pension checks received by me.

In the event of my death, any payments which may thereafter become due from the Trust are to be paid to (this designation of beneficiary revokes any prior designation inconsistent therewith):

Designation of Beneficiary by Ironworker	Relationship	Beneficiary Birth Date	Beneficiary Soc. Sec.
Street or P.O. Box		City	State Zip Code
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widower <input type="checkbox"/> Divorced <input type="checkbox"/> Separated		Spouse's Name	Date of Marriage
Date	Signature of Ironworker	Area Code and Phone No.	

I apply for the following type of PENSION as described in the official Pension Plan:

- Regular Age 62 or older
- Early Retirement ... Under age 62 amount lowered by number of months younger than 62
- Disability Under age 62 and TOTALLY AND PERMANENTLY DISABLED
- Partial Combined credits from this plan and another related plan that is signatory to the Pro-Rata Agreement
- Unreduced Early ... Age 55 + 30 credits to equal "85" or
Age 58 + 42 pension credits for equal "100"

1. Ironworker's Name _____

2. Address _____

City _____ State _____ Zip Code _____

3. Social Security No. _____ Union Membership No. _____ Local No. _____

4. Date of Birth _____ Submit Proof of Age – See Instructions

5. List Union membership by Locals since December, 1946

Local Union	From	To	Local Union	From	To
1. _____			4. _____		
2. _____			5. _____		
3. _____			6. _____		

To which local do you now belong? _____
Date since which you have been continuously a member of a local union in this District Council through the present time? _____ Local Union No. _____

6. Date you last worked at the trade or expect to work before retirement? _____

7. List employers' names and addresses and number of hours worked per each month for the last four months before retirement.

8. If you have reciprocal credits from other areas, indicate below and attach full information.

9. Have you served in the Armed Forces of the United States? Yes _____ No _____
 Branch of Service Date Entered Date Discharged or Separated

Attach certified evidence of your Armed Forces Service (e.g. DD-214, separation papers, discharge papers)

Complete Section 10 only if you are applying for a disability pension before Age 62.

10. Is the reason for your retirement because of Total Disability? Yes _____ No _____

(a) Have you applied for Social Security Benefits? Yes _____ No _____

(b) Nature of your Disability _____

(c) When did you become disabled? _____

(d) Is your disability the result of an industrial injury? Yes _____ No _____
 Attach copies of any industrial awards showing dates weekly benefits were received.

(e) Name, address and phone of your doctor _____

Street	City	State	Zip	Phone
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(f) Date of your most recent examination _____
 Attach copy of medical examination report if you are not submitting a Social Security Benefits Award as indication of disability.

(g) Have you worked at all at any occupation since you became disabled? Yes _____ No _____ If yes,

From	To	Employer	Monthly Earnings	Work
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I am an Employee's beneficiary, and am applying for a Death Benefit. I have completed Sections 1 through 3 and submit the following:

A. Date of employee's death _____ Please attach copy of Death Certificate.

B. Am I the beneficiary designated by the Employee? Yes _____ No _____

C. If you are not the deceased Employee's designated beneficiary, please answer the following:
 I am the deceased Employee's relative? Yes _____ No _____
 If yes, state relationship _____

_____ Date	_____ Signature of Beneficiary and Social Security Number
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