



# Plumbers & Pipefitters Local 172 Pension Plan

6525 Centurion • Drive Lansing • MI • 48917

(517)321-7502 or (833)767-0172

## Request for Application

To: **BOARD OF TRUSTEES**  
**PLUMBERS AND PIPEFITTERS LOCAL 172 PENSION PLAN**  
6525 CENTURION DRIVE  
LANSING, MI 48917-9275

I hereby request a Pension Application form so that I might apply for:

- Normal Retirement Benefits**
- Early Retirement Benefits**
- Unreduced Early Retirement Benefits**
- Deferred Vested Retirement Benefits**

Requested Retirement Date (first day of the month): \_\_\_\_\_

**IMPORTANT NOTE: Retirement Benefits are effective on the latest of: (a) the first day of the month after your completed Pension Application is received by the Fund Office, (b) the requested retirement date on your Pension Application, or (c) the date you actually retire. In order to allow sufficient time to process your request, it is suggested that you return this form well before your requested retirement date. This Request for Application is not your Pension Application.**

I hereby submit the following personal information (Please print clearly or type):

Participant: \_\_\_\_\_  
First Middle Last

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

Your Address: \_\_\_\_\_  
Street

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

Telephone Number: \_\_\_\_\_

Current Local Union Number: \_\_\_\_\_

**LAST EMPLOYER**

On \_\_\_\_\_ I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

**Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Fund, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.**

**You must retire with the intention of remaining unemployed or returning to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer. If you return to work shortly after you retire, it will be evidence that you did not intend to and did not actually retire. You will then be subject to the suspension of benefits provisions under the terms of the Plan.**

Name of last contributing Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

The last date worked or expected to work for that Employer: \_\_\_\_\_

**MARITAL HISTORY**

Please indicate your marital status, where applicable:                      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: \_\_\_\_\_

**CONTIGUOUS NON-COVERED EMPLOYMENT**

The Plan provides that employment you may have had with a contributing Employer(s) for which no pension Contributions were required on your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested under the Plan. If you have ever worked in such a capacity, please complete the following:

I worked in contiguous non-covered employment.

<b><u>Name of Employer</u></b>	<b><u>Period Worked</u></b>	<b><u>Capacity</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I did not work in contiguous non-covered employment.

**Please return this completed form and all required documents (see below) to the attention of the Board of Trustees, Plumbers and Pipefitters Local 172 Pension Fund at 6525 Centurion Drive, Lansing, Michigan 48917-9275.**

1. Copy of Birth Certificate;
2. Copy of Spouse's Birth Certificate, if applicable;
3. Copy of Marriage License, if applicable;
4. Copy of Death Certificate(s) of any late or former spouse(s);
5. Copy of *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; and
6. If you have ever served in the military or other uniformed services of the United States, please submit a copy of your honorable discharge from military service or civilian service discharge papers.

### **CERTIFICATION**

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 the denial, suspension or discontinuance of my benefits. The Plan will then have the right to recover, through legal proceedings, any benefits paid as a result of any material misrepresentation made.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**