

# SOUTHERN ALASKA CARPENTERS RETIREMENT PLAN

Labor Trust Services, Inc., Administrators

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## APPLICATION FOR RETIREMENT

Please print or type the following information:

1. Name: \_\_\_\_\_ 2. Social Security No: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Union Local No.: \_\_\_\_\_ 5. Home Phone No: (\_\_\_\_) \_\_\_\_\_ 6. Birth Date\*: \_\_\_\_\_

\*NOTE: ATTACH COPY OF DOCUMENTRY PROOF OF AGE AS SPECIFIED ON REVERSE.

7. Type of Retirement for which you are applying: (check one)  Normal  Early  Disability  Pro Rata

8. Marital Status: (check one)  Married  Previously Divorced/Currently Remarried  Never Married  Widowed

Legally Separated  Divorced Date of Separation/Divorce \* \_\_\_\_\_ (If Divorced more than once attach listing)

**\*IF YOUR MARRIAGE WAS DISSOLVED AFTER DECEMBER 31, 1984, YOUR ELECTION OF BENEFITS MAY BE SUBJECT TO THE RIGHTS OF A PRIOR SPOUSE AND YOU ARE REQUIRED TO ATTACH A COPY OF YOUR DISSOLUTION DECREE AND PROPERTY SETTLEMENT AGREEMENT AND/OR QUALIFIED DOMESTIC RELATIONS ORDER.**

9. If currently married, please enter your spouse's name, date of birth and social security number.

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

10. Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

11. Address of Beneficiary: \_\_\_\_\_

12. Name of recent employer in the industry: \_\_\_\_\_ Last Day Worked: \_\_\_\_\_

Name of current employer: \_\_\_\_\_ My last date of employment will be: \_\_\_\_\_

13. List all Local union in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union No.	City and State	Dates of Membership	
		From	To

14. In accordance with the terms of this Plan, I hereby request my (Early, Normal, or Disability) \_\_\_\_\_ Retirement to be effective on (Month, Day, Year) \_\_\_\_\_. I agree to furnish any information which the Trustees may require for determination of my eligibility for a benefit or the amount thereof.

15. I understand that this application may be cancelled by my written request at any time prior to the retirement date indicated above. I also acknowledge receipt of a Summary Plan Description.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date Signed

**SEE NEXT PAGE**

## INSTRUCTIONS

Acceptable proof of your age is listed below in two groups. Submit a photo static copy of one of the proofs listed in Group I if you have it or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof in Group I classification, submit photo static copies of two (2) of the proofs listed in Group II. You are cautioned, however, that Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original. It will be returned to you.

Additional evidence of age may be requested if the documents you submit do not constitute convincing proof of age in the Trustee's judgment.

### Group I

1. Birth Certificate
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security Pension.
7. Foreign church or government record.
8. Signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.

### Group II

9. Naturalization record. (Photocopy not permitted; submit original)
10. Immigration papers. (Photocopy not permitted; submit original)
11. Military record.
12. Passport (U.S. Passports may not be photocopied, submit original)
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record)
17. Other evidence such as signed statement from person or persons who have knowledge of date of your birth.