

# UFCW LOCAL ONE PENSION FUND

## PENSION APPLICATION FORM PART I

1. NAME (Last, First, Middle)			2. SOCIAL SECURITY NUMBER	3. HOME TELEPHONE #
4. HOME ADDRESS (Number and Street or Rural Route)			5. DATE OF BIRTH	6. AGE LAST BIRTHDAY (attach proof of age)
7. CITY, TOWN OR POST OFFICE	STATE	ZIP	8. DATE YOU RETIRED OR PLAN TO RETIRE (month, day, year)	
9. ARE YOU WORKING AT THE PRESENT TIME <input type="checkbox"/> YES <input type="checkbox"/> NO EMPLOYER NAME: _____  Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/>			10. TYPE OF PENSION REQUESTING <input type="checkbox"/> Normal Pension <input type="checkbox"/> Unreduced Early Pension <input type="checkbox"/> Early Retirement Pension <input type="checkbox"/> Disability Pension (See below)  REQUESTED PENSION EFFECTIVE DATE _____	
11. IF YOU ARE MARRIED, PLEASE ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE AND COMPLETE THE FOLLOWING:  A. Spouse's Name: _____      B. Spouse's Social Security No: _____ C. Spouse's Date of Birth: _____      D. Date of Marriage: _____ <span style="margin-left: 100px;"><i>(attach proof of age)</i></span>				
<b>DISABILITY PENSION</b>				
12. ARE YOU APPLYING FOR A DISABILITY PENSION? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, please complete the following).</i>				
13. NATURE OF DISABILITY			14. DATE DISABILITY OCCURRED (month, day, year)	
			15. DATE THAT YOU CEASED WORKING (month, day, year)	
16. HAVE YOU APPLIED FOR A SOCIAL SECURITY AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a copy of award to this application)</i>				

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

\_\_\_\_\_ Date

<b>FOR FUND OFFICE USE ONLY ACKNOWLEDGMENT</b>  Date Received by Fund Office: _____ <div style="display: flex; justify-content: space-around; width: 100%;"> <span>Month</span> <span>Day</span> <span>Year</span> </div>
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