

Teamsters Pension Trust Fund of Philadelphia & Vicinity
Application for Normal Retirement Benefits
Joint Council No. 53 Retirement Plan Benefits

Date: _____

Member Information

Please read all questions carefully and print your answers

(1) Applicant's Name: _____
First Middle Initial Last

(2) Applicant's Social Security #: _____ *Attach copy of Social Security Card*

(3) Applicant's Date of Birth: _____ *Attach copy of Birth Certificate*

(4) Applicant's Address: _____

_____ Phone #: _____

Cell Phone #: _____ Email: _____

(5) **Intended Retirement Date:** (Month/Day/Year) _____

(6) Marital Status: Single Married Divorced Widowed Separated (check one box only)

Note: If you are currently Divorced or Widowed, you must attach a full copy of your divorce decree with any property settlement agreement that might be attached or your spouse's death certificate.

Spouse Information

(7) Spouse's Name (Maiden): _____
First Middle Initial Last (Maiden)

If spouse's maiden name is different than indicated on the Marriage Certificate, please attach appropriate documents to substantiate each name change.

(8) Spouse's Social Security #: _____ *Attach copy of Social Security Card*

(9) Spouse's Date of Birth: (Month/Day/Year) _____ *Attach copy of Birth Certificate*

(10) Date of Marriage: (Month/Day/Year) _____ *Attach copy of Marriage Cert.*

Military Service *Attach a copy of discharge or separation papers if time served was while you were in Covered Employment.*

(11) Have you ever served in the U.S. Military? _____

Dates of Service: To: _____ From: _____

Record of Disability Benefits

(12) Have you ever received Weekly Disability Benefits? _____

(13) If so, when?(*list all dates*) _____

(14) Have you ever received Workmen’s Compensation Benefits? _____

(15) If so, when?(*list all dates*) _____

If you need additional space, please use the back of this page.

I hereby apply for a Joint Council No. 53 Retirement Pension from the Teamsters Pension Trust Fund of Philadelphia and Vicinity. I, being duly sworn, attest that I have read and understand the foregoing statements and my answers and information therein contained and that the same are true and correct to the best of my knowledge and belief.

 Member’s Signature(*Signature must be notarized or witnessed by a Plan representative*) Date

 Fund Representative (witness) Date

Sworn before me this _____ day of _____, _____
Day *Month* *Year*

 Notary Public