Alaska Ironworkers Trust Funds

Physical Address 375 W. 36th Avenue Suite 200 Anchorage, Alaska 99503 • Mailing Address PO Box 93870 Anchorage, Alaska 99509 Phone (907) 561-5119 or (800) 325-6532 • Fax (907) 561-4802 • Website www.akironworkerstrust.com

> Administered by Labor Trust Services, Inc.

APPLICATION FOR RETIREMENT

Please print or type the following information:

Name:	me:			Social Security No.:					
Mailing Address:									
Union Local No.:	Birth Date	Birth Date*		py of documentary proof of age as specified on reverse page.					
Home Phone No.:	Cell Ph	Cell Phone No.:		Email Address:					
Type of Retiremen	t for which you are applying (🗖 Early	□ Late						
Marital Status (check one)									
□ Married		□ Widowed							
Previously Divo	rced/Currently Remarried	□ Legally Separated	Date of Separation or Divorce* (If divorced more than						
□ Never Married	, ,	□ Divorced*	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(s).									
If currently married, please enter spouse's information:									
Spouse Name: Spo		Spouse Birth Dat	te:	Spouse SSN:					
				Relationship:					
Address of Benefic	ciary:								
Name and address of your most recent employer in the industry:									
Employer Name:			Last day worked:						
Employer's Addre									
Name and address of your current employer (if different from above):									
Employer Name:		late of emp	bloyment was/or will be:						
Employer's Addre	ss:								

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership			
		From (month/year)		To(month/year)	

In accordance with the terms of the Plan, I hereby request that my

(*Normal, Early, Late*) I agree to furnish any information which the Trustees may require for the determination of

(MM/DD/YYYY)

my eligibility for a benefit or the amount thereof.

I understand that this application can 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

retirement to be effective,

SEE REVERSE SIDE

Documents Acceptable as Proof of Age

(See Note)

- A) A copy of any **ONE** of the following documents will be acceptable as proof of age:
 - 1. Birth Certificate
 - 2. Baptismal Certificate
- B) If neither of the preceding is available, copies of any **TWO** of the following may be submitted:
 - 1. U.S. Census Report (at least 20 years old)
 - 2. Passport
 - 3. Naturalization or Immigration Papers
 - 4. Family Bible Entries
 - 5. Life Insurance Policies (at least 10 years old)
 - 6. Marriage License
 - 7. Early School Records
 - 8. Military Records (DD214)
 - 9. Civil Service Records
 - 10. Children's Birth Certificates
 - 11. Written Certification from Social Security
 - 12. Written Certification from Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.