

**I.B.E.W. LOCAL 332 PENSION TRUST FUND  
ADMINISTRATIVE OFFICES  
P.O. BOX 5057, SAN JOSE, CA 95150-5057  
(408) 288-4559**

**REQUEST FOR PENSION**

**INSTRUCTIONS**

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| 1. Please read each question carefully   | 4. Be sure to Sign and Date the Application     |
| 2. Print all information   | 5. Mail the completed Application to:           |
| 3. Be sure to submit a Proof of Age<br>(Refer to Proof of Age Instructions Attached) | Post Office Box 5057<br>San Jose, CA 95150-5057 |

**PERSONAL DATA**

1. Participant Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Address \_\_\_\_\_  
Street City State Zip Code
3. SSN \_\_\_\_\_ 4. Date of Birth \_\_\_\_\_
5. Telephone No. \_\_\_\_\_
6. Date you plan to retire: Month \_\_\_\_\_ Year \_\_\_\_\_
7. Last date worked: Month \_\_\_\_\_ Year \_\_\_\_\_
8. Beneficiary Name \_\_\_\_\_
9. Beneficiary SSN \_\_\_\_\_ 10. Date of Birth \_\_\_\_\_
11. Marital Status:  Married  Single  Divorced  Widowed

**If divorced, please provide copy of Divorce Decree with Property Settlement**

12. Is any portion of your Pension Benefit payable to someone else under a Court Order:  
 Yes  No

**TYPE OF APPLICATION**

13. I wish to apply for:  Normal Retirement  Early Retirement  
 Pre-Retirement Death  Disability Retirement  Estimate Only

- a) **I am aware that my benefits shall be permanently suspended for any month I complete 40 hours or more of service either in a calendar or payroll month if said service is in the industry and trade or craft of the type I performed at any time when covered by this Plan. This applies to Normal Retirement age 65 & older.**
- b) I further understand that if I receive an **Early Retirement Benefit** and re-enter covered employment I will resume the accrual of Credited Service. However, I shall not again be eligible to retire on Early Retirement.

c) Please be advised if you retire on Early Retirement, prior to age 65, you **must cease** all employment in electrical industry.

14. **If you are applying for Disability Retirement, are you receiving Social Security Benefits?**

Yes       No      (If "Yes", attach a photocopy of your Social Security Award)

15. List periods of time when you were in military service:

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16. List periods of time when you were out of work because of illness:

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17. List periods of time when you were employed in another industry: (Non Electrical)

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18. List periods of time since October 1, 1987 when you worked in Non-Qualified Employment: (This means employment in the Electrical Trade or Craft for an employer who does not contribute to the Plan.)

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19. Are you currently working for a Public Agency? (ie: City, County, School District) If yes, please provide date and proof of retirement.

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**IT IS ABSOLUTELY ESSENTIAL THAT YOU BE AS ACCURATE AS POSSIBLE IN YOUR REPLIES. INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR PENSION BENEFITS.**

**As a retiree of the I.B.E.W. Local #332 Pension Plan, I acknowledge that I will be bound by all the Rules and Regulations of the I.B.E.W. Local #332 Pension Plan and that I will personally endorse each Pension check for my own use or that it will be deposited directly to my bank account.**

**I realize that all information on this application will be used for determining my Pension Credits and Benefits, if any, and I hereby declare under perjury that the foregoing is correct to the best of my knowledge.**

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Date

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Signature