

WEST VIRGINIA LABORERS' PENSION TRUST FUND

**One Union Square
Charleston, West Virginia 25302**

**Telephone (304) 342-5142
Fax (304) 342-2610**

PENSION APPLICATION AND CERTIFICATION

I, _____, hereby apply to the West Virginia Laborers' Pension Trust Fund for the following Pension Benefit:

- | | |
|---|---|
| <input type="checkbox"/> Early Pension Benefit | <input type="checkbox"/> Death Benefit |
| <input type="checkbox"/> Normal Pension Benefit | <input type="checkbox"/> Total and Permanent Disability Benefit |

Name: _____ Birth date _____

Address: _____
Street City State Zip

Telephone: () _____ Social Security Number - -

I belong to Local Union No. _____ located in _____. My Union Book is number _____. Last day worked: _____ 19 _____

I submit and attach the following proofs with this application for:

Normal or Early Retirement Benefits: Birth Certificate

Disability Benefits: Social Security "Notice of Award" Letter

Death Benefits: Proof of Death Form and Death Certificate, and Proof of age for Participant & Beneficiary

I agree to notify the Administrative Manager of the Pension Fund in writing whenever I return to work in the industry.

I also agree that Pension payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended; and that the making of any Pension payment and its acceptance by me shall not prevent the Fund from recovering or otherwise affect its right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any Pension payments to me obligate the Fund in any way to make any further payments in any amount whatsoever except as the same may be provided for by the Plan, as it may from time to time be amended.

Date _____ Signature of Applicant _____

Witnessed By _____ Witnessed By _____
(Signature must be witnessed by two adults. It need not be notarized.)

IDENTIFICATION RECORD

PLEASE PRINT ALL INFORMATION, COMPLETE IN FULL AND RETURN TO:

WEST VIRGINIA LABORERS' PENSION TRUST FUND
 ONE UNION SQUARE, CHARLESTON, WEST VIRGINIA 25302

Last Name		First Name In Full		Middle Name In Full	
Home Address				Home Telephone	
Date of Birth <small>(Month) (Day) (Year)</small>	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	SOCIAL SECURITY NUMBER	LOCAL UNION NO.	UNION BOOK NO.	

DEATH BENEFITS ARE TO BE PAID TO: (EXAMPLE: MARY C. JONES) S.S.# _____

NAME _____ **RELATIONSHIP** _____

BENEFICIARY'S ADDRESS _____

If more than one beneficiary is named, the death benefit, unless otherwise provided herein will be paid in equal shares to the beneficiaries who survive the employee. Please note that upon written request, you may change your beneficiary at any time.

If you are married and have designated someone other than your spouse to receive your death benefits, the Plan can not honor your designation unless both you and your spouse complete additional elections.

_____ **Date of Signature** _____ **Signature In Full**

HAVE YOU WORKED IN ANY OTHER STATE (OHIO, KY. ETC.) AND PAID INTO OTHER STATE PENSION FUNDS?

_____ **YES** _____ **NO**

IF "YES" GIVE DATES _____ **AND PENSION FUNDS**

PAID INTO _____

Do you plan to apply for Pension Benefits from these States? _____ **Yes** _____ **No**

Note: It is possible that you could have a number of years credit with other Pension Funds, and reciprocity could exist between one or several of these States, and you could draw a Pension Benefit check from each of them.

MARITAL STATUS

_____ SINGLE

_____ WIDOWED

_____ DIVORCED

_____ MARRIED

SPOUSES NAME _____

SPOUSES DATE OF BIRTH _____

SPOUSES SOCIAL SECURITY NUMBER _____

IF MARRIED:

- 1) CONTACT THE FUND OFFICE FOR ADDITIONAL PAPERWORK BEFORE SUBMITTING.**

- 2) ATTACH A COPY OF YOUR MARRIAGE CERTIFICATE AND YOUR SPOUSES BIRTH CERTIFICATE TO THIS APPLICATION.**