

Electrical Workers Local No. 26
Pension Trust Fund

4601 Presidents Drive ♦ Suite 300 ♦ Lanham MD 20706-4832 ♦ Phone (301) 731-1054 ♦ FAX (301) 731-1065

Application For Pension

File your application promptly. Benefits cannot be paid for any months prior to the time an application is received properly completed.

Name		Social Security Number
Street Address		Expected Retirement Date
City	State	Zip Code
Phone Number (include Area Code)	Your Date of Birth	Your Spouse's Date of Birth

What type of pension are you applying for? <input type="checkbox"/> Normal (Age 62 or over) <input type="checkbox"/> Early (Age 55 through 61) <input type="checkbox"/> Unreduced Early <input type="checkbox"/> Disability (<i>complete the back of the form</i>)
--

Are you working at the present time? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of most recent employer
Date you last worked for that employer

Certification	
I hereby certify that the information presented in this application is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.	
Signature of Applicant	Date Signed
Signature of Witness (Other than a beneficiary)	Date Signed

