

ITPE PENSION FUND PENSION APPLICATION

PLEASE READ ALL INSTRUCTIONS CAREFULLY AND ANSWER ALL APPLICABLE QUESTIONS.

THIS FORM MUST BE NOTARIZED. PLEASE PRINT.

1. Name _____ 2. Social Security No. _____
Last First Middle Initial
3. Current Address _____ Apt./Lot # _____
Number and Street
- _____ City _____ State _____ Zip Code _____
4. Phone No. (Area Code _____) _____ 5. Date of Birth _____
6. Citizenship: U.S.A. Other _____ 7. Mother's Maiden Name _____
Name of Country
8. Marital Status: Single Married Widowed Divorced
- If Married: Maiden Name before marriage, or former married name _____
- If Divorced: Former Married Name: _____
9. If Married: Name of Spouse _____ 10. Spouse's Date of Birth _____
11. Address of Spouse _____ 12. Spouse's Social Security No. _____

*** EMPLOYMENT HISTORY ***

It is extremely important that you advise us as to the name of your current employer and the base or installation where you may be currently working — even if your current employer is not contributing to the ITPE Pension Fund.

13. Are You Working Now? Yes _____ No _____ Hired Date: _____
- If Yes, Name of Employer: _____
- Base/Installation _____ First Day Actually Worked: _____
14. Last Contributing Employer _____ Hired Date: _____
- Base/Installation _____ First Day Actually Worked: _____
- Date You Terminated Employment _____ Reason For Termination: _____
15. Previous Contributing Employers: (Begin a new line for each change in employment)

Dates of Employment From	To	Name of Employer	Base/Installation	Number of Hours Employed Per Week
				Employee # _____
				Employee # _____
				Employee # _____
				Employee # _____

16. I hereby apply for my share of pension benefits under the ITPE Pension Fund.
17. I hereby state that employment by a participating employer has terminated, as of the date indicated in item 14 of this application and that the payment of the Accumulated Share, as provided in the ITPE Pension Plan, will compensate me in full for any and all rights to which I am entitled under the Plan.

THE FOLLOWING SECTION IS TO BE COMPLETED IN THE PRESENCE OF A NOTARY. THE NOTARY MUST AFFIX HIS STAMP OR SEAL TO THIS APPLICATION.

THIS APPLICATION CANNOT BE FAXED

18. I hereby state that the above statements are true to the best of my knowledge and belief.

Date

Signature of Participant

State of _____

County of _____

On the _____ day of _____, year _____

before me came _____

to me known and known to me to be the individual who executed the foregoing application and acknowledged to me that he/she executed the same.

Signature of Notary Public
and
Stamp or Seal to be Affixed

Your pension application will be investigated as promptly as possible. You will be contacted if further information or proof is required. **You will be notified, in writing, of the decision on your application.**

Please inform this office, in writing, of any changes of address.

Please **MAIL** this application form, after you have filled it out to:

**ITPE PENSION FUND
216 North Ave. East, 2nd Floor
Cranford, NJ 07016**

908-276-0800 908-276-0810 (Fax)

Toll Free 800-874-5977