

Allied Industries Pension Fund

253 West 35th Street, 12th Floor

New York, NY 10001

(212) 505-5050 Fax (646) 381-8841 Email: applications@dhcook.com

Application for Pension

Please type or print clearly.

1. Applicant's Name _____ 2. Soc. Sec. # _____

3. Home Address _____
Street City State Zip

4. Telephone Number _____ 5. Date of Birth _____

You must submit proof of your date of birth, such as birth certificate, Passport, etc. and social security card.

6. I am enclosing the following document(s) as proof of my date of birth: Birth Certificate Passport Other _____

7. Sex (check one): Male Female 8. Marital Status (check one): Single Married Divorced Widowed

9. Spouse's Name (if married) _____ 10. Spouse's Date of Birth _____

11. Spouse's Soc. Sec. # _____

12. I am enclosing the following document(s) as proof of my spouse's date of birth: Birth Certificate Passport Other _____

**If you are married, you must also furnish a copy of your marriage certificate and spouse's social security card.
If you are separated, you are still considered married under this plan**

13. My last day of employment was (will be): Month _____ Day _____ Year _____

14. I request my pension to begin on the first day of: Month _____ Year _____

15. I apply for the following type of Pension Benefit (check one):

NORMAL RETIREMENT BENEFIT EARLY RETIREMENT BENEFIT

16. I hereby certify that the representations made in the above application are accurate. I recognize that the Trustees have the right to rely upon such representation in determining the benefits payable thereunder.

I agree that pension eligibility and 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 Trustees from recovering in any other way affect their 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 Trustees 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.

I agree to notify the Trustees of the AIPP in writing immediately upon acceptance by me of employment with a Participating Employer of the Pension Plan.

Date _____ Applicant's Signature _____

PLEASE HAVE THIS FORM NOTARIZED

State of _____ County of _____

On the _____ day of _____, 20____ before me came _____ to me known and known by me to be the person described in, and who executed, the foregoing statements, and they duly acknowledged to me that they executed the same.

Notary Public

Applicant Information

Name _____ Phone (____) _____
First Middle Last

Social Security Number _____ E-mail address _____

Address _____
Street

City State Zip

Date of Birth _____ Sex: ___ Male ___ Female

Marital Status:

___ Never Married ___ Married Date of Marriage _____
Month/Day/Year
___ Widow ___ Divorced Date of Divorce _____
Month/Day/Year

Required Documentation – applications received without the proper documentation **cannot be processed**. Please be sure to include all documents for both you and your Spouse. If you have questions about what is required, please contact the Plan office.

YOU MUST SUBMIT PROOF OF YOUR DATE OF BIRTH, SUCH AS BIRTH CERTIFICATE OR PASSPORT
****Driver’s License, State Identification Card, etc ARE NOT acceptable as proof of your date of birth****

I am submitting _____ as proof of my birth date

- If you are **MARRIED**, you must provide a copy of your Marriage Certificate
- If you are **SEPARATED**, you are still considered Married under the Plan
- If you are **DIVORCED**, you must provide a copy of your **COMPLETE** Divorce Decree
- If you are **WIDOWED**, you must provide a copy of your spouse’s Death Certificate

Spouse’s Name _____ Spouse’s Social Security Number _____
First Middle Last

Spouse’s Date of Birth _____ I am submitting _____ as proof of my Spouse’s birthdate
Month/Day/Year

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DIRECT DEPOSIT OF BENEFIT AUTHORIZATION

Instructions:

1. Complete all sections of this form in blue or black ink.
2. Please attach a VOIDED CHECK for account verification.
See example Check below for bank routing and account number.
3. The name of the Pensioner MUST match the name on the bank account.
4. The bank must be in the UNITED STATES OF AMERICA. The Fund cannot make ACH (Electronic) transfers to foreign banks. (Outside of the USA)

PENSIONERS INFORMATION- PLEASE PRINT

Name _____ Social Security Number _____

Address _____

Street City State Zip Code

Telephone Cell () _____ Email address _____

AUTHORIZATION

Until I give the Fund further notice in writing, I hereby request and authorize ALLIED INDUSTRIES PENSION FUND as Agent for the Trustees to issue all checks in payment of amounts due to me under said Trust payable, VIA ACH

TRANSFER, to the order of:

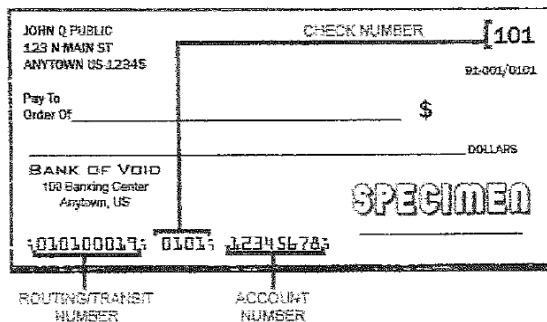
Name of Bank _____ Telephone No. _____

Address of Bank Branch _____

Account Number _____ ABA NUMBER (Routing Transit Number) _____

Type of Account (choose one only): _____ Savings _____ Checking Account

Example of Bank Routing Number and Account Number: *****Please attached a voided check here*****



For credit to my account in the name and address listed above.

Signature _____ Date _____