



FULTON FISH MARKET PENSION FUND

253 W35TH STREET 12TH FLOOR

NEW YORK, NY 10001

Phone (212) 505-5050 Fax 646-381-8853

Email: applications@dhcook.com

PENSION BENEFIT APPLICATION FORM

Print all information required – be sure to sign and date this application. Please read this application carefully before answering any questions. If you do not understand any part of this application, contact the fund office.

Section 1 - Member's Information

Full Name: _____

Address: _____
Street No / Name & APT # City/Borough State Zip Code

Social Security Number: _____ Date of Birth: _____

Estimated Retirement Date: _____

Section 2 - Marital Information

Please check one of the following:

I am not and never was married.

I am married. The date of my marriage is _____. (*Attach copies of your Marriage Certificate, Spouse's Birth Certificate and Spouse's Social Security Card.*)

Spouse's Full Name: _____
First Name Middle Name Last Name

Spouse's Social Security Number: _____ Spouse's Date of Birth: _____

I am married but unable to locate my spouse. (If you check this box, the Fund Administrators will contact you to obtain additional information.)

I am divorced. The date of my divorce is _____. (*Attach a copy of the Divorce Decree/QDRO.*)

I am married but I am legally separated. The date of my legal separation is _____. (*Attach a copy of the legal separation documents.*)

I am a Widow/Widower. (*Attach a copy of your Spouse's Death Certificate.*)

This application must be completed, signed and returned to the Fund Administrators Office in order for the Board of Trustees to determine your entitlement to a benefit.

Section 3: Employment Information

Name of your employer: _____

Date last worked in employment covered by the Plan (i.e. Employment for which the employer was required to make contributions to the Fund.) _____

Section 4: Military Service

If work in employment covered by the Plan was interrupted by a period of required military service in the Armed Forces of the United States, please complete the following: (*Attach proof of military service.*)

- A. Date work started in employment covered by the Plan. _____
- B. Date of induction of required military service: _____
- C. Date of separation from military service: _____
- D. Date of return to work in employment by the Plan. _____

Section 5: Type of Benefit for which Applying (please choose one of the following)

___ Normal Pension Benefit

___ Early Reduced Pension Benefit

___ Disability Pension Benefit (*Attach a copy of the Disability Award Letter from the Social Security Department.*)

Section 6: Member's Declaration

I understand, agree to, and make the following declarations as stated below:

- A. I have received a copy of the Summary Plan Description.
- B. I am familiar with the rules of the Plan, as summarized and described in the Summary Plan Description, and I agree to be bound by the rules of the Plan.
- C. Please select **ONE** of the following:
 - ___ **I am not** subject to, or party to, a qualified domestic relations court order that applies to my benefits.
 - ___ **I am** subject to, or party to, a qualified domestic relations court order that applies to my benefits.
- D. The following is my signature as it will appear on the endorsement of my checks.

I hereby certify that the information provided on this application is complete and accurate to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees has the right to recover any payments made to me or on my behalf that were not payable under the Plan.

Member's Name (Print): _____

Date: _____

Member's Signature: _____

Date: _____

Witness Name (Print): _____

Date: _____

Witness Signature: _____

Date: _____

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