



Preliminary Pension
Application

Group Name: Sheet Metal Worker's Local No. 40 Pension Fund

Instructions

Please read carefully and complete all forms:

1. If you are currently employed with a Local 40 Member Company, a Retirement Letter should be requested from your Company to be sent to the Fund Office.
2. This form and the letter from your Company if applicable are important to the calculation of your Pension. Please complete and return the forms as soon as possible.
3. Please send a copy of your Birth Certificate or some other proof of your date of birth.
4. If divorced, please send a copy of your divorce decree and property settlement. This information is very important to the calculation of your pension.
5. If widowed, please send a copy of your spouse's death certificate and indicate on the Preliminary Application when your spouse passed away. This information is very important to the calculation of your pension.

Failure to provide all information requested may delay the start of receiving your first check. After the Fund Office receives your Preliminary Application, Final Paperwork will be mailed to you.

Note: The Preliminary Application will EXPIRE after **6 months** if you do not return the Final Paperwork to our office. You will need to reapply if your Preliminary Application expires.

Pensioner Information

All fields are required. Please Print.

Last Name	First Name	Social Security No.	Date of Birth
Street Address	City	State	Zip
<input type="checkbox"/> <i>Check if your address has changed.</i>	Home Phone Number	Cell Phone Number	Email

Normal or Early Retirement

I am retiring on or after my 55th birthday, without disability. I understand that my pension will be reduced if payments begin before my Normal Retirement Age, as described in my Pension Plan Booklet or in the Plan Document. I request my Pension Payments to begin:

The first day of (MM/DD/YYYY): _____ / _____ / _____

Are you legally married?

- Yes
- No

Marriage Date (MM/DD/YYYY):

_____ / _____ / _____

Spouse's First Name

Spouse's Last Name

Spouse's Gender

--	--	--

Spouse's Social Security Number

Spouse's Date of Birth

--	--	--



Continued

Are You **Yes** **No**
Currently If, "Yes," what is your Current If, "No," what was your last day worked (MM/DD/YYYY):
Employed? Employer's Name?

_____ / _____ / _____

Indicate any hours due to you from your recent employer (after your last day worked):

Vacation Personal Holidays

List all the Employers you have worked for starting with the most recent:

Name of Employer	Period of Employment		Local #
	From:	To:	

Signature

Pensioner Signature

I certify that the information contained on this application is true and accurate to the best of my knowledge.

Date

--	--



Please, Mail Completed Form To:
Sheet Metal Workers Local 40
253 West 35th Street, 12th Floor
New York, NY 10001



OR Fax Completed Form To:
646-381-8841



OR Email:
Applications@dhcook.com

Questions? You can call our Customer Service Department at 212-505-5050, option 3



Employment Following Retirement

The Board of Trustees may review your employment information even though you may not be employed in a Union Position. Please submit in writing the following information so that the Trustees may make a decision whether your current employment is disqualifying. The Board of Trustees meets every three months. Your information will be presented to the Board of Trustees at their next regularly scheduled meeting.

Please fill out the information below concerning whether you will continue to work at any job after your effective date of Pension.

- At my effective date of Pension, I will not be employed at any job. I will notify the Fund Office if I accept a job at a later date.
- I will work after my effective date of Pension. [If selected, please fill out the below portion of the form.]

Deduction Election

Name of employer while you were working under Local 40:

Job title and description of your job under Local 40:

Name and address of your current employer:

Job title and description of current job:

- Is this a Union job?**
- Yes
 - No

If yes, which Union Local?

Participant(s) Information

Pensioner Signature

I certify that the information contained on this application is true and accurate to the best of my knowledge.

Date

--	--

Questions? You can call our Customer Service Department at 212-505-5050, option 3