

Local 8 Retirement Fund Amalgamated Employee Benefits Administrators

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TYPE OF APPLICATION (check one):

- NORMAL AGE PENSION
 EARLY AGE PENSION
 VESTED PENSION

LOCL 8P

PLEASE PRINT OR TYPE

PENSION APPLICATION

NAME (FIRST)		(MIDDLE)	(LAST)	(MAIDEN, IF APPLICABLE)	SOCIAL SECURITY NUMBER
ADDRESS (NO. AND STREET)		(APT. NO.)	(CITY)	(STATE)	(ZIP CODE)
SEX <input type="checkbox"/> M <input type="checkbox"/> F	HOME PHONE NO. WITH AREA CODE ()	DATE OF BIRTH (MO./DAY/YR.)	PLACE OF BIRTH (CITY/STATE)		CITIZEN OF

Spouse Information

MARITAL STATUS (CHECK ONE)					
<input type="checkbox"/> SINGLE		<input type="checkbox"/> WIDOW/WIDOWER		<input type="checkbox"/> LEGALLY SEPARATED OR DIVORCED	
<input type="checkbox"/> MARRIED (COMPLETE THE LINE BELOW)					
NAME OF SPOUSE (FIRST)		(MIDDLE)	(LAST)	SPOUSE'S SOC. SEC. #	DATE OF MARRIAGE (MO./DAY/YR.)
					SPOUSE'S DATE OF BIRTH (MO./DAY/YR.)

Beneficiary FOR ANY DUE OR ACCRUED PENSION PAYMENTS IN THE EVENT OF MY DEATH

NAME OF BENEFICIARY		SOCIAL SECURITY NUMBER	RELATIONSHIP
ADDRESS (NO. AND STREET)		(APT. NO.)	(CITY) (STATE) (ZIP CODE)

Union Affiliation

PRESENT AFFILIATION			PRIOR AFFILIATION			EMPLOYMENT HISTORY	
LOCAL NO.	INITIATION DATE	LEDGER NO.	LOCAL NO.	INITIATION DATE	LEDGER NO.	FROM (MO./YR.)	TO (MO./YR.)

History of Employment

LIST BELOW THE PERIOD(S) OF YOUR EMPLOYMENT WITH EACH OF YOUR EMPLOYERS IN THIS OR A RELATED INDUSTRY. THIS HISTORY SHOULD BE COMPLETED TO THE BEST OF YOUR KNOWLEDGE. THE APPLICATION WILL BE RETURNED IF LEFT BLANK.

EMPLOYER NAME/CITY/STATE	TYPE OF BUSINESS	POSITION HELD	EMPLOYED		UNEMPLOYED		CAUSE OF UNEMPLOYMENT (eg. Layoff, Disab. O.B.)
			FROM	TO	FROM	TO	
			MO./YR.	MO./YR.	MO./YR.	MO./YR.	

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS AS APPLICABLE:

<input type="checkbox"/> A. RECORD OF BIRTH (BIRTH OR BAPTISMAL CERTIFICATE)	<input type="checkbox"/> E. SEPARATION OR DIVORCE DECREE
<input type="checkbox"/> B. SOCIAL SECURITY DISABILITY AWARD, IF APPLICABLE	<input type="checkbox"/> F. SPOUSE'S DEATH CERTIFICATE
<input type="checkbox"/> C. SPOUSE'S RECORD OF BIRTH	<input type="checkbox"/> G. SIGNED SOCIAL SECURITY EARNINGS AUTHORIZATION
<input type="checkbox"/> D. MARRIAGE CERTIFICATE	

I certify that I have read all parts of this form and believe that the information contained is complete and correct.	SIGNATURE OF APPLICANT	DATE
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