

Office & Professional Employees Locals 30 & 537 Trust Funds

Administered By: Benefit Programs Administration
Telephone • (800) 386-4350 • (562) 463-5065 • Facsimile (562) 463-5894 • www.opeiufunds.org

REQUEST FOR RETIREMENT APPLICATION

Instructions:

Complete all requested information. Provide the documents indicated. From the information on this form and the documents requested, the Administrative Office will send to you an Application for Retirement Benefits, which fully explains the benefit options and amounts available to you. On your Application for Retirement Benefits, you will select the type of retirement benefit you will receive. Once you have made an election of benefit and that election has been approved, you may not at a later date change the type of benefit.

Your Retirement Benefits cannot be processed until your Application for Retirement Benefits is completed and returned.

Name of Employee: _____ Local: _____ Date of Retirement: _____

Address: _____
Street Address

City State Zip

Date of Birth: _____ Phone Number: _____ SSN: _____

Name of Last Employer: _____

Date you last worked, or will work in *Covered Employment: _____

* "Covered Employment" is employment performed by a participant or member for an Employer in a job classification covered by the OPEIU Locals 30 & 537 Retirement Fund, within the jurisdictional area of OPEIU Local 30 or OPEIU Local 537.

Single Widower (**Attach a copy of spouse's death certificate**) Married (**Attach a copy of marriage certificate**)

Name of Spouse: _____ Spouse's Date of Birth: _____
(or contingent annuitant) (or DOB of contingent annuitant)

- Please check box if you are naming a contingent annuitant other than your spouse.
- Divorced: If you have ever been divorced, attach a copy of final judgement dissolving marriage/s, division of community property with reference to pension benefits, interlocutory judgment and dates of marriage and separation. Include name, address and date of birth of ex-spouse/s.

Were you under 65 and totally and permanently disabled at time of Retirement? Yes No
If yes, please obtain a copy of your Social Security Disability Award letter and submit it with this application.

Please check box if you are interested in a Social Security Option benefit. (Include a copy of your most current Social Security Statement.)

The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits.

Date: _____ Signature of Employee: _____

PLEASE ATTACH A BIRTH CERTIFICATE OR PROOF OF DATE OF BIRTH FOR SELF AND SPOUSE (IF MARRIED)
(SEE ATTACHED FOR ACCEPTABLE FORMS OF DOCUMENTATION)