

**IBEW LOCAL 683 PENSION FUND PENSION PLAN
REQUEST FOR APPLICATION FORM**

**To: BOARD OF TRUSTEES
IBEW LOCAL 683 PENSION FUND PENSION PLAN
6525 CENTURION DRIVE
LANSING, MI 48917-9275**

I hereby request a Pension Application form so that I might apply for:

**Normal Retirement Benefits
Early Retirement Benefits
Deferred Vested Benefits
Total & Permanent Disability**

Requested Retirement Date (first day of the month): _____

If you are totally and permanently disabled, please indicate the date you became disabled: _____

I hereby submit the following personal information (Please print clearly or type):

Participant: _____
First Middle Last

Social Security Number: _____ Date of Birth: _____

Your Address: _____
Street

City State Zip Code

Telephone Number: _____

LAST EMPLOYER

On _____, I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

Name of last contributing Employer: _____ Telephone: _____

The last date worked or expected to work for that Employer: _____

Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Fund, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the Jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.

