

# MIDWEST PENSION PLAN

## PENSION APPLICATION

### INSTRUCTIONS:

- |   |   |
|---|---|
| 1. Please read each question.   | 5. BE SURE TO SIGN AND DATE THE APPLICATION (IN INK)  |
| 2. PRINT all information other than your signature.   | 6. Mail the completed application, Employment record, proof of ages and marriage/divorce or death of spouse if applicable to: |
| 3. Be sure to answer all applicable questions This will avoid delay in having your Application processed. |   |
| 4. Attach additional sheets if you need more Space to answer any questions.                               |   |

PLAN MANAGER  
MIDWEST PENSION PLAN  
1950 WEST ERIE  
CHICAGO, IL 60622

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### Part I – BENEFICIARY

Name \_\_\_\_\_ ( \_\_\_\_\_ )  
Last First Middle Maiden Name

Social Security# \_\_\_\_\_ BirthDate \_\_\_\_\_ Sex \_\_\_\_\_  
Mo. Day Year

Present Address:

\_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Area Code

If you wish checks sent to a different address or sent directly to the bank for deposit in to your bank account, you must notify the Plan Manager and the proper form will be sent to you.

**PLEASE COMPLETE ALL INFORMATION ON REVERSE SIDE**

**Part II – MEMBER INFORMATION**

Member Name \_\_\_\_\_ (\_\_\_\_\_)  
Last First Middle Maiden Name

Social Security # \_\_\_\_\_ Birth Date \_\_\_\_\_ Sex \_\_\_\_\_  
Mo. Day Year

**Part III - TYPE OF PENSION**

Normal (Age 65) \_\_\_\_\_ Early (Age 55-64) \_\_\_\_\_

**Part IV APPLICATIONT’S AFFIDAVIT**

I hereby apply for a Pension from the Midwest Pension Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have a right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Date \_\_\_\_\_

Applicant’s Signature