



# IBEW

## INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS LOCAL NO. 150 FRINGE BENEFIT FUNDS



IBEW Local No. 150 Welfare Fund  
IBEW Local No. 150 Pension Fund  
IBEW Local No. 150 Vacation Fund  
IBEW Local No. 150 Supplemental Pension Fund

Managed for the Trustees by:  
UMR Trust Fund Administration

TO: **Board of Trustees**  
**IBEW Local No. 150 Pension Fund**  
230 Lexington Green Cir. Ste. 400, Lexington KY 40503

I hereby request an Application Form so that I might apply for:

- Normal Retirement Benefits
- Early Retirement Benefits
- Late Retirement Benefits
- Early Term Vested Retirement
- Disability Benefits

Date you became permanently disabled \_\_\_\_\_

To be effective \_\_\_\_\_ 1, \_\_\_\_\_  
(Month) (Year)

(If you are totally and permanently disabled, please indicate the Date of your Disability):

\_\_\_\_\_

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

Name First Middle Last

Social Security Number

Address

City State Zip Code

Date of Birth

Phone Number Email Address

Current Local Union No. (if any) Initiation Date into that Local:

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The last date worked or expected to work before retirement \_\_\_\_\_.

If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.

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Name of last Contributing Employer

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Phone Number

Please indicate your marital status, where applicable:

- Single
- Married, number of times \_\_\_\_\_
- Divorced, number of times \_\_\_\_\_ or widowed \_\_\_\_\_

If currently married, please indicate the following:

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Spouse's Name	First	Middle	Last
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Spouse's Social Security Number	Spouse's Date of Birth
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Date of Marriage

### **CERTIFICATION**

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.

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Signature of Participant

Date