

Alaska Laborers-Employers Retirement Trust Fund

P.O. Box 34203 • Seattle, WA 98124
 Phone (855) 815-2323 • Fax (907) 561-4802
 Website: www.aklaborerstrust.com
 Administered by WPAS, Inc.

APPLICATION FOR RETIREMENT

Name (Last, First, Middle Initial)		Social Security Number	
Mailing Address (Street, City, State, Zip)			
Union Local No.	Birth Date (MM/DD/YYYY) ¹	Home Phone No.	Cell Phone No.
Email Address		¹ Attach a copy of documentary proof of age as specified on reverse page.	

Type of Retirement for which you are Applying (check one): Late Normal Early Disability

Marital Status (check one):

<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Date of Separation or Divorce ² (If divorced more than once, attach listing):
<input type="checkbox"/> Previously Divorced/Currently Remarried	<input type="checkbox"/> Legally Separated	
<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced ²	

² If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s).

If currently married, please enter spouse's information:

Spouse Name: _____ Spouse Birth Date: _____ Spouse SSN: _____

If not married, Name of Beneficiary: _____ Relationship: _____

Address of Beneficiary: _____

Name and address of your most recent employer in the industry:

Employer Name: _____ Last day worked: _____

Employer's Address: _____

Name and address of your **current** employer (if different from above):

Employer Name: _____ My last date of employment was/or will be: _____

Employer's Address: _____

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership	
		From (month/year)	To (month/year)

In accordance with the terms of the Plan, I hereby request that my _____ Retirement to be effective, (Late, Normal, Early or Disability)

_____ I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof. (MM/DD/YYYY)

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above. I also acknowledge receipt of a Summary Plan Description.

_____ Member Signature _____ Date

Documents Acceptable as Proof of Age

(See Note)

You must follow all instructions on the application and submit the original to the Administration Office, along with the following documents applicable to you:

- A copy of any ONE of the following documents will be acceptable as proof of age:

1. Birth or Baptismal Certificate
2. Real ID
3. Passport

- If neither of the preceding is available, copies of any TWO of the following may be submitted:

1. U.S. Census Report (at least 20 years old)
2. Naturalization or Immigration Papers
3. Life Insurance Policies (at least 10 years old)
4. Marriage License
5. Early School Records
6. Military Records (DD214)
7. Civil Service Records
8. Children's Birth Certificates
9. Written Certification from Social Security
10. Written Certification from Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.