

**INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LOCAL UNION No. 710
PENSION FUND**

9000 WEST 187TH STREET, SUITE 200
MOKENA, ILLINOIS 60448
(773) 254-2500



NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS REQUIRED TO ESTABLISH THE DATE OF BIRTH OF THE EMPLOYEE, SPOUSE, AND MARRIAGE CERTIFICATE. ALL DOCUMENTS MUST BE ORIGINALS - WE CANNOT ACCEPT PHOTOSTATIC COPIES. ALL YOUR DOCUMENTS WILL BE RETURNED TO YOU. IF MARRIED SUBMIT SPOUSE'S BIRTH CERTIFICATE AND YOUR MARRIAGE CERTIFICATE. IF DIVORCED SUBMIT DIVORCE PAPERS. IF WIDOWED SUBMIT COPY OF DEATH CERTIFICATE.

Sources of Proof should be submitted in the following order of preference:

ONE OF THESE IS REQUIRED:

1. BIRTH CERTIFICATE, or
2. BAPTISMAL CERTIFICATE or
3. Census Report, or

IF NONE OF THE ABOVE IS AVAILABLE, THEN TWO OF THE FOLLOWING ARE REQUIRED:

4. Life Insurance Policy at least five (5) years old
5. School Age Record
6. Confirmation Record
7. Certificate of Army Record
8. Marriage Record showing age at time of marriage.
9. Naturalization Record
10. Passport

REMARKS: _____

This is to certify that to the best of my knowledge and belief and from records attached, I am satisfied that the information submitted may be accepted as correct.

Applicant's Signature

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

LOCAL UNION No. 710

PENSION FUND

9000 W. 187TH STREET
MOKENA, ILLINOIS 60448



APPLICATION FOR A PENSION BENEFIT

Date _____

Part I

GENERAL INFORMATION

Name _____ **If Female,
Maiden Name** _____

Address _____ Telephone _____

Social Security No. _____ Place of Birth _____
City _____ State or Country _____

Date of Birth _____ (Attach Proof of Age Report)
Month _____ Day _____ Year _____

Last day I worked or will work. _____
Month _____ Day _____ Year _____

RETIREEES WILL BE REQUIRED TO AUTHORIZE DIRECT DEPOSIT OF THEIR BENEFIT.

PLEASE NOTE:

**ALL PAID VACATIONS DUE YOU
MUST BE TAKEN PRIOR TO DATE
OF RETIREMENT.**

**PLEASE SHOW THE NUMBER OF WEEKS AND
THE SPECIFIC DATES OF FINAL VACATION.**

RECORD OF SERVICE IN THE ARMED FORCES OF THE UNITED STATES:

Branch of Service	Period of Service			
	From		To	
	Month	Year	Month	Year

By whom were you employed when you entered the Armed Forces? _____

Are you currently receiving LOST TIME. YES: _____ NO: _____

If YES please indicate dates: FROM: _____ TO: _____

Part III

CONTINUITY OF EMPLOYMENT

1. Since you first became employed by an employer who had a collective bargaining agreement with Local Union No. 710, was there any period of 156 or more consecutive weeks when you were not so employed? _____
Yes or No

2. If the answer to the preceding question is yes, state the period and give the reasons:

Part IV

OATH

I hereby apply for benefits under the Local Union No. 710, Pension Fund. I, being duly sworn, say that I have read and understand the foregoing application and my answers and information therein contained and that the same are true and correct to the best of my knowledge and belief.

THIS FORM MUST BE NOTARIZED

 (Applicant's Signature)

Sworn to before me, this _____ day of

_____, 20_____.

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MOKENA, ILLINOIS 60448



**MARITAL STATUS OF APPLICANT
I.B. OF T. LOCAL UNION No. 710**

Date _____

Name _____

Address _____

City & State _____ Zip Code No. _____

Marital Status: Single _____ Married _____ Separated _____ Divorced _____

Full name of Spouse _____ Date of Birth _____

Address _____

City & State _____ Zip Code No. _____

Applicant's Signature _____

Applicant's Social Security No. _____

Spouse's Social Security No. _____