

**UNITED ASSOCIATION NATIONAL PENSION FUND
ALTERNATE PAYEE APPLICATION FORM**

Please PRINT All Information (Ink Only)

Be Sure to Answer All Applicable Questions

ALTERNATE PAYEE'S INFORMATION:

Alternate Payee Name _____

Alternate Payee Social Security Number _____ - _____ - _____

(Enclose copy of Social Security Card)

Date of Birth _____ **(Enclose proof of age)**

Month Day Year

Mailing Address _____

Street City State Zip Code

Physical Address _____

Street City State Zip Code

Telephone No. _____ - _____ - _____

Area Code

Date You Wish Payment to Begin _____ / 01 / _____

(Benefits are normally payable the first of the month following the month in which your completed application form is received in the Fund Office. If you wish for the payment of benefits to be delayed, you may indicate a later date.)

PARTICIPANT'S INFORMATION: Please complete all the information regarding the Participant that you can access or have available; however, the Fund Office will request the information that you are unable to complete regarding the Participant.

Participant's Name _____

Participant's Social Security Number _____ - _____ - _____

Participant's Current Home Local Union No. _____

Participant's Date of Birth _____

Month Day Year

Participant's Military Service: If the Participant was previously in Military Service, fill in the dates below. If required, the Fund Office will contact the Participant for a photocopy of the Participant's discharge papers.

Dates of Duty: From _____ To _____; From _____ To _____;

Employment Information: Employment information is sometimes needed to determine whether Past Service Credit can be granted for a Participant's union work prior to the date the Fund Office began receiving contributions. The Fund Office will contact the Participant under separate cover if this information is needed.

Identifying periods of disability for the Participant may be helpful in waiving breaks in service and work test requirements. Please list below any periods of disability, if known, which have occurred during the Participant's work in the plumbing and pipefitting industry.

Beneficiary Designation Form: A Beneficiary Designation Form ensures that the Fund Office has a current beneficiary designation on file for you. This designation is needed if you have been awarded a Separate Entitlement to a pension benefit as a result of the Qualified Domestic Relations Order.

STATEMENT: I hereby apply for benefits from the United Association National Pension Fund. The preceding statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Alternate Payee Signature _____ Date _____

**NOTARY WITNESS REQUIRED WHEN YOU SIGN WITH AN "X",
OR IF SIGNED BY A LEGAL REPRESENTATIVE ON BEHALF OF AN APPLICANT**

If you are unable to sign your name, you may use an "X" in place of your signature. However, a Notary Public must witness the "X". If the individual signing this form is acting on behalf of the applicant as legal representative (i.e., Power of Attorney, Guardian, etc.), a Notary Public must witness the signature. In addition, the legal document granting authority to act on behalf of the application should be provided to the Fund Office along with this Application.

NOTARY PUBLIC OFFICIAL STATEMENT

On the _____ day of _____, 20____, before me came Joe Gobasys Hamme known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

Notary Public Signature

SEAL

My commission expires on _____

IMPORTANT! An Application that is **NOT SIGNED** and **DATED** cannot be accepted for processing.