

Administrative Offices

U.A. Local No. 467 Trust Funds

MAILING ADDRESS: P. O. BOX 5057, ZIP 95150-5057 • SAN JOSE, CALIF. • PHONE: (408) 288-4400

PENSION APPLICATION

INSTRUCTIONS

1. Please read each question carefully.
2. Print all information.
3. Be sure to submit a Proof of Age.
(See reverse side for Proof Submission)
4. Mail the completed application to:
United Administrative Services
P.O. Box 5057
San Jose, CA 95150-5057

PERSONAL DATA

1. Name: _____
(Last) (First) (Middle Initial)
2. Address: _____
(Number & Street) (City) (State) (Zip Code)
3. Social Security Number: _____
4. Date of Birth: _____
5. Telephone Number: _____
6. Date you plan to retire: _____
Month* Year
7. Date last worked: _____
Month Year
8. Spouse: _____
(Last) (First) (Middle Initial)
9. Spouse's Soc. Sec. No: _____
10. Spouse's Date of Birth: _____
11. Marital Status: ☐ Married ☐ Single ☐ Divorced ☐ Widowed
12. Have you ever been divorced? ☐ Yes ☐ No
(Provide copies of Final Divorce Decree and Property settlement or Qualified Domestic Relations Order (QDRO).)

TYPE OF PENSION

- If eligible, I wish to apply for: _____ Defined Contribution Plan only: _____
(Please initial)
- ☐ Normal ☐ Early ☐ Disability ☐ Estimate only
- ☐ I have applied for Social Security Disability benefits. Upon approval, I will send a copy of my Social Security Disability Award.

Signature: _____ Date: _____
Witness: _____ Date: _____

This form must be submitted before any payments can be calculated. The Administrative Office will advise you of the payment amount to which you are entitled and provide you with the necessary forms.

* Your effective date of retirement will be the 1st of the following month after your application has been received, unless you select a later month.

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INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable Proofs of Age are listed below in two (2) groups. Submit a copy of one of the proofs listed in **Group I**, if you have it or can possibly obtain it; since this class of proof of age is the more convincing.

If you cannot submit a proof in the **Group I** classification, submit copies of two (2) of the proofs listed in **Group II**.

Additional proofs of age may be requested if the documents you submit do not constitute convincing Proof Of Age.

GROUP I

1. A Birth Certificate
2. A Baptismal Certificate or a Statement as to the Date of Birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a Public Registry of Vital Statistics
4. Certification of record of age by the US Census Bureau
5. Hospital birth record, certified by the custodian of such record.
6. A foreign Government Record.
7. A signed statement by the Physician or Midwife who was in attendance at birth, as to the Date of Birth shown on their records.
8. Naturalization Record.
9. Immigration Papers.

GROUP II

1. Military Record.
2. Passport.
3. School Records, certified by the custodian of such record.
4. An insurance policy, which shows the age or Date of Birth.
5. Marriage Records showing date of birth or age (application for Marriage License or Church Record, certified by the custodian of such record; or Marriage Certificate).
6. Other evidence such as signed statements from person who have knowledge of the Date of Birth.
7. Letter from social security stating your Date of Birth as shown in their records.
8. Driver's License.