

**JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY
EMPLOYEES RETIREMENT INCOME PLAN
NOTICE OF INTENT TO APPLY FOR:**

- [] Retirement Benefit.
- [] Disability Pension Benefit. If this box is checked, attach a copy of Social Security Disability Award Notice.
- [] Pre-Retirement Death Benefit. If this box is checked, attach a copy of the death certificate and beneficiary form.

Participant's Name: _____

Social Security No.: _____

Marital Status: _____

Maiden Name: _____

Employment Date: _____

Retirement Date: _____

Birth Date: _____

Spouse's Name: _____

Spouse's Birth Date: _____

Attach Certified Proof of Birth Date: () Birth Certificate () Marriage License () Driver's License () Passport () Baptismal Certificate

Attach Certified Proof of Spouse's Date of Birth: () Birth Certificate () Marriage License () Driver's License () Passport () Baptismal Certificate

Mailing Address: _____ Email Address: _____

Phone Number: () _____

STATEMENT OF PARTICIPANT'S MARITAL STATUS

Under the full penalties of State and Federal Law, I do swear that: { } I have no living spouse; or { } I have no knowledge of the whereabouts of my spouse; or { } I have a living spouse named above.

Dated this _____ day of _____, 20 ____.

X _____
Signature of Participant/Beneficiary

X _____
For the Plan Administrator

Print Name

Print Name

Return Completed Form to:

*Human Resources
Joint Industry Board of the Electrical Industry
158-11 Harry Van Arsdale Jr. Avenue
Flushing, NY 11365*