



TEAMSTERS LOCAL 301 PENSION FUND

36990 N. Green Bay Road Waukegan, IL 60087 • (847) 623-5430 • www.teamsters301hwp.org

This form is not a retirement application, it is only your request for the application. This form does not guarantee benefits or eligibility. Your requested retirement effective date may change depending on the date this form is received by the Fund Office. **Please print clearly using black or blue ink.**

REQUEST FOR RETIREMENT APPLICATION

The Pension Fund is a Defined Benefit Plan which is maintained for the purpose of providing retirement benefits to eligible Participants. Benefits are determined according to a specific formula stated in the Plan document.

SECTION 1: PARTICIPANT

_____	_____	_____
Full Name (First, Middle, Last)	Birth Date (MM/DD/YYYY)	Last 4 Digits of SSN
_____	_____	
Email Address	Mobile Phone #	

SECTION 2: MARITAL INFORMATION

Marital Status: marriage is recognized to the extent required by governing law.

Never Married Married Widowed Divorced

_____	_____	_____
Spouse's Full Name (First, Middle, Last)	Birth Date (MM/DD/YYYY)	Spouse's Social Security Number

Have you ever been divorced: Yes / No If so, how many times: _____

SECTION 3: ADDITIONAL INFORMATION

Retirement Effective Date: _____ (date must be the 1st of a month)

Have you ever been in another Teamsters Local: Yes / No

If yes, what Teamster Locals: _____

SECTION 4: FOR ACTIVE MEMBERS ONLY

_____	_____
Employer's Name	Last Day of Work
Have you notified your employer of your retirement:	<u>Yes / No</u>
If eligible, do you want a Retiree Insurance Application:	<u>Yes / No</u>
If eligible, does your Spouse want a Retiree Insurance Application:	<u>Yes / No</u>

SECTION 5: SIGNATURE

This form is not a retirement application, it is only your request for the application. This form does not guarantee benefits or eligibility. Your requested retirement effective date may change depending on the date this form is received by the Fund Office. **Please try to return this form 60-90 days before your desired retirement date to allow for proper processing time.**

X _____	_____
Signature of Participant	Date

Submit your completed, signed form via the method most convenient for you:

MAIL/DROP-OFF: Teamsters Local 301 Pension Fund
36990 N. Green Bay Rd
Waukegan, IL 60087