

# Alaska United Food and Commercial Workers Trust Funds

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Administered by  
Labor Trust Services, Inc.

## APPLICATION FOR RETIREMENT

**Please print or type the requested information below.**

Name <i>(Last, First, Middle Initial)</i> _____		Social Security Number _____	
Mailing Address <i>(Street, City, State, Zip)</i> _____			
Union Local No. _____	Birth Date <i>(MM/DD/YYYY)</i> <sup>1</sup> _____	Home Phone No. _____	Cell Phone No. _____
Email Address _____		<sup>1</sup> Attach a copy of documentary proof of age as specified on reverse page.	

<b>Which type of Retirement are you applying for?</b> <i>(check one)</i>	<input type="checkbox"/> Normal	<input type="checkbox"/> Early	<input type="checkbox"/> Deferred
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<b>Marital Status</b> <i>(check one):</i>		
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed	Date of Separation or Divorce <sup>2</sup> <i>(If divorced more than once, attach listing):</i> _____
<input type="checkbox"/> Previously Divorced/Currently Remarried	<input type="checkbox"/> Legally Separated	
<input type="checkbox"/> Never Married	<input type="checkbox"/> Divorced <sup>2</sup>	
<sup>2</sup> If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse and you are required to attach a copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order(s).		

<b>If currently married, please enter spouse's information:</b>		
Spouse Name: _____	Spouse Birth Date: _____	Spouse SSN: _____
If not married, Name of Beneficiary: _____ Relationship: _____		
Address of Beneficiary: _____		
<b>Name and address of your most recent employer in the industry:</b>		
Employer Name: _____	Last day worked: _____	
Employer's Address: _____		
<b>Name and address of your <b>current</b> employer <i>(if different from above):</i></b>		
Employer Name: _____	My last date of employment was/or will be: _____	
Employer's Address: _____		

*Complete Reverse Side*

List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry:

Local Union	City and State	Dates of Membership			
		From (month/year)		To (month/year)	

In accordance with the terms of the Plan, I hereby request that my \_\_\_\_\_ Retirement to be effective,  
*(Normal, Early or Deferred)*

\_\_\_\_\_. I agree to furnish any information which the Trustees may require for the determination of  
*(MM/DD/YYYY)*  
my eligibility for a benefit or the amount thereof.

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above. I also acknowledge receipt of a Summary Plan Description.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

**Documents Acceptable as Proof of Age**  
*(See Note)*

A) A copy of any **ONE** of the following documents will be acceptable as proof of age:

1. Birth Certificate
2. Baptismal Certificate

B) If neither of the preceding is available, copies of any **TWO** of the following may be submitted:

1. U.S. Census Report (at least 20 years old)
2. Passport
3. Naturalization or Immigration Papers
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License
7. Early School Records
8. Military Records (DD214)

**NOTE:** All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.