

Heat and Frost Insulators and Allied Workers Local No. 21 Pension Fund

Fund Office

8441 Gulf Freeway, Suite 304
Houston, TX 77017

Phone: (713) 643-9300
Toll Free: (866) 236-3148
Fax: (866) 316-4794

Widow Application

(PLEASE PRINT ALL INFORMATION CLEARLY)



PART II— SIGNATURES

I acknowledge that I have completed the entire Pension Application Form. I hereby certify that the information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Beneficiary Signature: _____

Witness: Signature of Member must be witnessed by a plan Representative or Notary Public

(Select A or B).

A. _____
Name and Title of Plan Representative (Please Print)

Signature of Plan Representative

B. State of _____
County of _____

On this _____ day of _____, 201____, I, _____

Hereby certify that _____ personally appeared before me on this

day and acknowledged the due execution of the forgoing instrument.

Given under my hand and official seal this _____ day of _____, 201____.

My commission expires _____

Notary Public

(SEAL)

DIRECT DEPOSIT BANKING AGREEMENT

I hereby authorize Bank of Labor, as paying Agent for the Heat and Frost Insulators and Allied Workers Local 21 Pension Fund to transmit my retirement benefits.

Participant Information:

Name _____

Address _____

City/State _____

Social Security Number _____

Telephone Number _____

Bank Information:

Bank Name _____

Bank Address _____

City/State _____

Telephone Number _____

Routing Number _____

Account Number _____

For credit to: **Checking** **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the Local 21 Pension Fund.

SIGNATURE OF RECIPIENT

DATE

Should you have any questions, please contact the fund office @ 1-866-236-3148.

Thank you.