### 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)



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

Part I

Widow Pension Application	
Date	

NAME (LAST, FIRST, MIDDLE)	SOCIAL SECURITY No.		HOME TELEPHONE #		
HOME ADDRESS (NUMBER, STREET OR RURAL ROUTE)	DATE OF BIRTH		AGE LAST BIRTDAY		
CITY, TOWN OR POST OFFICE:	STATE	ZIP CODE	NAME OF MBR	SP- DOB	
DATE SPOUSAL BENEFITS BEGIN (MONTH, DAY, YEAR)	ARE YOU WORKING AT THE PESENT TIME?  YES (NAME OF PRESENT EMPLOYER)  NO (NAME OF LAST EMPLOYER)  DATE LAST WORKED				
TYPE OF PENSION REQUESTING  PRE-RETIREMENT SURVIVOR ANNUITY POST RETIREMENT SURVIVOR ANNUITY DEATH BENEFIT QUALIFIED DOMESTIC RELATIONS ORDER					
MARITAL STATUS  O MARRIED O SINGLE	DATE OF MARRI	AGE			
O SINGLE O DIVORCED DATE OF DIVORCE (COPY OF DIVORCE DECREE) O WIDOW					
A copy of the Death Certificate must accompany this retirement application					
Signature of Widow	Sign	nature of V	Vitness	_	

#### 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 p	olan Representative or Notary Public
(Select A or B).	
A. Name and Title of Plan Representative (Please I	Print)
Signature of Plan Representative	
B. State of	
County of	
On this, 2	01, I,
Hereby certify that	personally appeared before me on this
day and acknowledged the due execution of the forgoing	g instrument.
Given under my hand and official seal this	day of
My commission expires	-
Notary Public	-

### **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 Informatio	n:				
	Name				
	Address	_			
	City/State	_			
	Social Security Number	_			
Telephone Number					
	Bank Information:				
	Bank Name				
	Bank Address				
	City/State	-			
Т	elephone Number				
	Routing Number	_			
	Account Number	_			
For credit to:   Chec	king   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 RECIPIE	NT	DATE			
Should you have any questions, please contact the fund office @ 1-866-236-3148.					
Thank you.					