## SOUTHERN CALIFORNIA LUMBER INDUSTRY RETIREMENT FUND Established Jointly by Employers and Local Unions www.lumberfund.org

Telephone: (562) 463-5080, (800) 824-4427

## **APPLICATION FOR RETIREMENT - PART I**

1200 Wilshire Blvd., Fifth Floor Los Angeles, CA 90017-1906

Instructions:

Complete all requested information. Provide the documents indicated. From the information on this form and the documents requested, the Administrative Office will send to you Part II, which fully explains the benefit options and amounts available to you. On Part II, you will select the type of retirement benefit you will receive. Once you have made an election of benefit and that election has been approved, you may not at a later date change the type of benefit.

Your Retirement Benefits cannot be processed until Part II is completed and returned.

Employ	of yee:			Local No.:	Date of Retirement:		
Addres		lumber	Street	City	State	Zip	
Date of	f Birth:	Phor	ne Number:		SSN:		
Name o Employ					Last date		
Addres Last Er							
	Single						
	Married (Attach co	py of marriage of	certificate)				
	Name of Spouse:				Spouse's Date of Birth:		
	property with refere	ed: If you have ever been divorced, attach a copy of final judgement dissolving marriage/s, division of community ty with reference to pension benefits, interlocutory judgment and dates of marriage and separation. Include name, s and date of birth of ex-spouse/s.					
Have y	ou ever worked outsid	de the Southern C	California area and par	ticipated in any other Lu	mber or Carpenter Pension	Program?	
Yes	□ No If yes give the	e following inform	ation:				
Name	of Pension Plan:						
Addres	ss of Pension Plan:						
Dates	worked under Plan:	From:	Month / Year	To: Moi	nth / Year		
The ab		ue to the best of r	ny knowledge and bel	ief. I understand that a t	alse statement may disqua	lify me for	