Your Normal Retirement Application should be completed and mailed to the Plans office before the date you wish to retire. Please allow **at least 6 weeks** for processing your application. To apply for disability retirement benefits, please use the Disability Retirement Application.

NORMAL RETIREMENT APPLICATION
ILWU-PMA PENSION PLAN ◆ ILWU-PMA WATCHMEN PENSION PLAN

Name _____ Local _____ Reg. # _____
Last **First** **MI**

Address _____
Street

_____
City **State** **Zip Code**

Telephone Number (_____) _____

Social Security No. _____ - _____ - _____ Birthdate _____ / _____ / _____ Age _____

I APPLY TO RETIRE ON _____ 1, 20_____ (Must be the first of a month).
(month) (year)

SURVIVOR BENEFITS

In case of your death, your spouse may be entitled to survivor benefits. Please fill in the following information for future reference:

Current marital status: ☐ Legally Married ☐ Single (never married)

☐ Divorced ☐ Widowed

Evidence of marital status must be submitted, i.e., marriage certificate, divorce decree, death certificate.
If legally married now, complete the following:

Spouse's full name _____

Spouse's Address _____
(if different from Street
your address) _____
City State Zip Code

Spouse's date of birth _____ / _____ / _____ Spouse's Soc.Sec.# _____ - _____ - _____

IMPORTANT: The Benefit Plans office will notify you when your application is received. Contact the Plans office if notice of receipt of your application is not received within two weeks of the date your application is mailed.

I hereby certify that the above information is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated from all employment under a longshore or watchmen industry Collective Bargaining Agreement, and that my name will be permanently removed from all longshore or watchmen industry registration lists.

Signature: _____ Date: _____

Mail to: **ILWU-PMA Benefit Plans**
1188 Franklin Street, Suite 101
San Francisco, CA 94109