

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 (_____) _____ EMAIL: _____

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

**Fax: (415) 749-1321
Email: pension@benefitplans.org**