

INTERNATIONAL BROTHERHOOD OF TEAMSTERS
LOCAL UNION No. 710
PENSION FUND

9000 WEST 187TH STREET, SUITE 200
MOKENA, ILLINOIS 60448
(773) 254-2500



NAME OF EMPLOYEE

SOCIAL SECURITY NUMBER

THE FOLLOWING INFORMATION IS REQUIRED TO ESTABLISH THE DATE OF BIRTH OF THE EMPLOYEE, SPOUSE, AND MARRIAGE CERTIFICATE. **ALL DOCUMENTS MUST BE ORIGINALS - WE CANNOT ACCEPT PHOTOSTATIC COPIES. ALL YOUR DOCUMENTS WILL BE RETURNED TO YOU. IF MARRIED SUBMIT SPOUSE'S BIRTH CERTIFICATE AND YOUR MARRIAGE CERTIFICATE. IF DIVORCED SUBMIT DIVORCE PAPERS. IF WIDOWED SUBMIT COPY OF DEATH CERTIFICATE.**

Sources of Proof should be submitted in the following order of preference:

ONE OF THESE IS REQUIRED:

1. BIRTH CERTIFICATE, or
2. BAPTISMAL CERTIFICATE or
3. Census Report, or

IF NONE OF THE ABOVE IS AVAILABLE, THEN TWO OF THE FOLLOWING ARE REQUIRED:

4. Life Insurance Policy at least five (5) years old
5. School Age Record
6. Confirmation Record
7. Certificate of Army Record
8. Marriage Record showing age at time of marriage.
9. Naturalization Record
10. Passport

REMARKS: _____

This is to certify that to the best of my knowledge and belief and from records attached, I am satisfied that the information submitted may be accepted as correct.

Applicant's Signature

INTERNATIONAL BROTHERHOOD OF TEAMSTERS

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MOKENA, ILLINOIS 60448**



APPLICATION FOR A PENSION BENEFIT

Date_____

Part I

GENERAL INFORMATION

Name_____ If Female,
Maiden Name_____

Address_____ Telephone_____

Social Security No._____ Place of Birth_____ City_____ State or Country_____

Date of Birth_____ (Attach Proof of Age Report)
Month Day Year

Last day I worked or will work._____ Month Day Year

RETIREES WILL BE REQUIRED TO AUTHORIZE DIRECT DEPOSIT OF THEIR BENEFIT.

PLEASE NOTE:

**ALL PAID VACATIONS DUE YOU
MUST BE TAKEN PRIOR TO DATE
OF RETIREMENT.**

**PLEASE SHOW THE NUMBER OF WEEKS AND
THE SPECIFIC DATES OF FINAL VACATION.**

Part II

RECORD OF EMPLOYMENT

(List all employment in the last thirty years with Employers who

had collective bargaining agreements with Local Unions)

[illegible]

RECORD OF SERVICE IN THE ARMED FORCES OF THE UNITED STATES:

Branch of Service	Period of Service			
	From		To	
	Month	Year	Month	Year

By whom were you employed when you entered the Armed Forces? _____

Are you currently receiving LOST TIME: YES: _____ NO: _____

If YES please indicate dates: FROM: _____ TO: _____

Are you currently on WORKMEN'S COMPENSATION: YES: _____ NO: _____

If YES please indicate dates: FROM: _____ TO: _____

Part III**CONTINUITY OF EMPLOYMENT**

1. Since you first became employed by an employer who had a collective bargaining agreement with Local Union No. 710, was there any period of 156 or more consecutive weeks when you were not so employed? _____
Yes or No

2. If the answer to the preceding question is yes, state the period and give the reasons:

Part IV**OATH**

I hereby apply for benefits under the Local Union No. 710, Pension Fund. I, being duly sworn, say that I have read and understand the foregoing application and my answers and information therein contained and that the same are true and correct to the best of my knowledge and belief.

THIS FORM MUST BE NOTARIZED

 (Applicant's Signature)

Sworn to before me, this _____ day of

_____, 20____.

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MOKENA, ILLINOIS 60448



**MARITAL STATUS OF APPLICANT
I.B. OF T. LOCAL UNION No. 710**

Date_____

Name_____

Address_____

City & State_____ Zip Code No._____

Marital Status: Single_____ Married_____ Separated_____ Divorced_____

Full name of Spouse_____ Date of Birth._____

Address_____

City & State_____ Zip Code No._____

Applicant's Signature_____

Applicant's Social Security No._____

Spouse's Social Security No._____