

TYPE OF PENSION APPLYING FOR
(check one)

<input type="checkbox"/>	EARLY 55-64
<input type="checkbox"/>	NORMAL: age 65
<input type="checkbox"/>	LATE: age 65+
<input type="checkbox"/>	VESTED DEFERRED: at least age 55
<input type="checkbox"/>	DISABILITY: Attach a copy of Social Security Award of Disability or other proof of total and permanent disability

PRIOR DISABILITY INFORMATION

Have you ever been unable to work because of a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES , please describe below the nature of each disability, the beginning and ending dates for each disability and attach a copy of the Workmen's Compensation Award or a doctor's statement for each disability.	

PRESENT EMPLOYMENT

1) Are you presently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2) If YES , Please provide the name, address and phone number of your present employer:	
Employer Name:	
Address:	
City, State, Zip	
Phone number: ()	
3) If NO , Please provide date last worked:	
Employer last worked for:	
Location last worked: (City, State)	
Phone number: ()	

MILITARY RECORD

Did you serve in any branch of the Armed Forces of the United States: <input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, Please attach a copy of your discharge papers.	
DURING:	
National Emergency <input type="checkbox"/> YES <input type="checkbox"/> NO	
or	
Pursuant to a National Conscription Law <input type="checkbox"/> YES <input type="checkbox"/> NO	
or	
In time of War <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please provide dates of service: _____	
Military service branch: _____	

SEPARATION FROM SERVICE

Have you had an interruption in your employment due to maternity OR paternity leave OR work for a signatory employer in non-covered employment OR due to a lay-off? YES NO

If YES, please describe the nature of the interruption in your employment and provide the beginning and ending dates for each such interruption. (Attach a separate sheet of paper if additional space is required)

SELF EMPLOYMENT

Are you now or have you ever been self-employed as a sole proprietor or a partner of a company in this industry? YES NO

If YES, please complete the following information:

Name of Business	Type of Business	From MO/YR	TO MO/YR

PLAN DEFINITION OF RETIREMENT

Retirement under the Sheet Metal Workers Local Union No. 32 Pension Plan shall mean withdrawal from any further employment in the same industry, trade or craft, in the State of Florida or in any other geographic area covered by the Plan including any geographic area covered by a reciprocal agreement, in accordance with the Department of Labor Regulations, 29 CFR Section 2530.203-3 (c).

Retired and disabled Participants must notify the Board of Trustees upon returning to any type of work within 30 days after starting work. The payment of pension and disability benefits shall not be suspended for a Participant until the Participant works in excess of 339 hours within the jurisdiction of the Pension Plan in a Plan Year. Thereafter, the payment of any portion of pension and disability benefits shall be suspended for each month the Participant works 40 hours or more per month in the same industry, trade or craft, in any geographic area covered by the Pension Plan on the date of the Participant's retirement.

RETIREMENT DECLARATION

By my signature below, I certify that the foregoing statements and information are true to the best of my knowledge. I have read and understand that to qualify for retirement benefits under terms of the Plan I must adhere to the Plan restrictions regarding employment after the effective date of my retirement in accordance with rules as established by the Board of Trustees. I understand a false statement may disqualify me for benefits.

I acknowledge it is my responsibility to notify the Trustees, in writing through the Administrative Office, of any change in status that may affect my continuing eligibility for retirement benefits. I agree to notify the Administrative Office immediately of any change in mailing address, marital status or other event which may affect proper handling of benefits. By my signature below I acknowledge that I have read and understand my obligations to the Plan and hereby apply for retirement benefits from the Sheet Metal Workers Local Union No. 32 Pension Plan.

SIGNATURE

DATE

Documents acceptable as proof of age:

- 1) Birth certificate.
- 2) Baptismal Certificate or other certified statement from a Church record.
- 3) Notification of registration of birth in a public registry of vital statistics.
- 4) Certified hospital records.
- 5) Certificate of a Social Security Award with date of birth.
- 6) Signed and Notarized statements of physician or mid-wife in attendance at birth.
- 7) Family Bible entry of birth information certified by a Notary Public.
- 8) Naturalization or immigration record or passport.
- 9) Military Induction or Discharge papers.
- 10) Early life insurance policy showing date of birth or age on a specific date.
- 11) Census or school records showing age on a specific date.

SHEET METAL WORKERS LOCAL UNION NO. 32 PENSION PLAN
 ZENITH ADMINISTRATORS, INC.
 P.O. BOX 721380
 HOUSTON, TEXAS 77272
 HOUSTON: (713) 219-1200 * FAX (713) 219-1299 * HOUSTON TOLL FREE WATS: (866) 521-7632
 FLORIDA: (305) 816-0162 * FLORIDA TOLL FREE WATS: (877) 816-0162

AUTHORIZATION AGREEMENT FOR ELECTRONIC DEPOSIT

COMPANY NAME SHEET METAL WORKERS LOCAL UNION NO. 32 PENSION PLAN	COMPANY ID NUMBER 59-6152610
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TAKE THIS AUTHORIZATION AGREEMENT TO YOUR BANK and have them complete the top part of the form with all information required, particularly the Account Number and the Transit/ABA Number for electronic deposits in the shaded boxes.

TO BE COMPLETED BY FINANCIAL INSTITUTION

DEPOSITORY NAME (FINANCIAL INSTITUTION) ADDRESS:	BANK PHONE NUMBER: BANK CONTACT PERSON:	<input type="checkbox"/> BANK <input type="checkbox"/> SAVINGS & LOAN <input type="checkbox"/> CREDIT UNION <input type="checkbox"/> OTHER:
TRANSIT/ABA NUMBER	ACCOUNT NUMBER	<input type="checkbox"/> CHECKING (0) <input type="checkbox"/> SAVINGS (1)

Please complete the bottom part of this form and return it to the Fund Office. The processing time for commencement of Electronic Deposit is approximately eight weeks. During the interim period a check will be issued and mailed directly to you.

TO BE COMPLETED BY PENSIONER

PRINT NAME	(AREA CODE) TELEPHONE NO.
ADDRESS	CITY STATE ZIP
IS THIS A NEW ADDRESS ? <input type="checkbox"/> YES <input type="checkbox"/> NO	<u>LAST FOUR DIGITS ONLY OF SOCIAL SECURITY #</u>
SIGNATURE	XXX-XX- _____

I authorize the SHEET METAL WORKERS LOCAL UNION NO. 32 PENSION PLAN to credit my account with the depository named above. If the Fund erroneously deposits funds into my account, I authorize the Fund to initiate the necessary debit entries, not to exceed the total of the original amount credited for the current period. I understand that even though my benefit payment will be deposited to my account according to the above instructions, I am still obligated to provide the Fund office with written notification if my mailing address or phone number should change. I understand that failure to do so could result in temporary suspension of benefit payments.

This authorization will remain in effect until the Fund has received written notification from me that it is to be terminated in such time and manner for the Fund to act on it. By my signature above I authorize the depository to release any information to a representative of the SHEET METAL WORKERS LOCAL 32 PENSION PLAN office that will expedite the electronic deposit of my pension benefit.

ATTACH A DEPOSIT SLIP OR VOIDED CHECK HERE