



SHEET METAL WORKERS' NATIONAL PENSION FUND

3180 Fairview Park Drive, Suite 400

Falls Church, VA 22042

Toll-free 1-800-231-4622, FAX 703-739-7836

ALTERNATE PAYEE APPLICATION FOR BENEFITS

INSTRUCTIONS:

In order for you to receive the benefits in which you are entitled as alternate payee, complete this form by PRINTING all answers. Mail the completed application and whatever documents you are submitting as proof of age and marriage to the Fund office at the above address.

Submit the application one month before the date you are to receive benefits. For example, if you are to begin receiving benefits when the participant reaches age 55, "at earliest retirement age", send the completed application and supporting documents one month before the date participant reaches age 55. Or, if the participant has already reached age 55, send the completed application one month before you wish payments to start.

PERSONAL INFORMATION:

Participants Name:

First

Middle

Last

Your Name:

First

Middle

Last

Your Address:

No. and Street

City

State

Zip

Phone:

Email Address:

Your Marital Status:

Your Date of Birth:

***Proof must be attached**

Your Social Security Number:

Participants Date of Birth:

Participants Social Security Number:

Requested Effective Date:



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Designation of Beneficiary

Instructions: Give full name of the beneficiary, for example, Georgia M. Smith, not Mrs. Robert Smith. The Primary Beneficiary is the person or persons who will receive any pension benefits due in the event of your death. The Successor Beneficiary is the person or persons who will receive any pensions benefits due in the event of the death of both you and the Primary Beneficiary.

You may have as many Primary and Successor Beneficiaries as you wish, you may use an additional sheet of paper to list their names, addresses and relationships. For further information see Articles 7 and 8 of the Plan Booklet.

I hereby designate the following named beneficiary(ies) to receive the amount of pension benefits, if any, payable at my death, under the Rules and Regulations of the National Pension Fund. I reserve the right to revoke and change this designation at any time by giving written notice to the Sheet Metal Workers' National Pension Fund in the form designated by the Trustees.

Name and Address of Primary Beneficiary

_____	_____	_____	_____
First	Middle	Last	Relationship

No. and Street			

City	State	Zip Code	

Name and Address of Successor Beneficiary

_____	_____	_____	_____
First	Middle	Last	Relationship

No. and Street			

City	State	Zip Code	



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Proof of Marriage. You must attach a copy of proof of your marriage to the participant to your application. This can be in the form of a marriage certificate or a confidential statement of marriage for the appropriate state agency. If you have remarried since your divorce from the participant, attach proof of that marriage as well.

Proof of Age. One of the types of proof of age on the following list must be furnished. Proof as high in order on the list as possible should be submitted if you have it, or it is readily obtainable. For instance, if you have or can readily obtain a birth certificate it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit proof next in order, rather than one low on the list. Additional proof of age may be requested if the document which you submit is not convincing proof.

You must attach a copy of one of the following proofs of age to your application.

- A birth certificate
- Passport
- Military Record
- Notification of registration of birth in a public registry of vital statistics.
- Hospital birth record certified by the custodian of records.
- Marriage records showing date of birth or age certified by the custodian of such records.
- A foreign church or government record.
- A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.

If none of the above documentation is available contact the Fund Office.

If you are applying under your married name, we will require both proof of birth and proof of change of name from your maiden name to your present surname. A copy of your marriage certificate is generally sufficient proof of change of name.



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APPLICANT'S STATEMENT OF GOOD FAITH

You must sign the statement below when submitting the application. Application shall not be considered to be official files until this statement is completed.

I hereby apply for my benefits from the Sheet Metal Workers' National Pension Fund as established by the Qualified Domestic Relations Order. The above statements are true to the best of my knowledge and belief.

_____ Signature of Alternate Payee	_____ Date Signed
_____ Name if Witness (please print)	_____ Signature of Witness

***Note that this application cannot be fully processed until an Application has been submitted by the Participant.**