

LOCAL



Retirement Trust Application

Local 1101, CWA

350 West 31st Street (2nd Flr) N.Y., NY 10001

212) 633-2666 FAX: (212) 633-8337

Keith Purce, Trustee Kevin Condy, Trustee



Please **PRINT** All Information

Name: _____ SSN: _____

Home Address _____

City: _____ State: _____ Zip _____

Date of Birth: ___/___/___ Age: _____ Sex: ___M___F NCSID: ___/___/___

Leaving with: ___Service Pension ___Disability Pension

Date of Retirement: ___/___/___ Employer: _____

Title: _____ Work Location: _____

Work telephone: () Home telephone ()

When did you join 1101? ___/___/___ Were you: ___New Hire ___Transfer

Do you plan to move soon?

If Yes: Date: ___/___/___

Street: _____

City, State, Zip: _____

Signed: _____ Date: ___/___/___

Endorsements:

Chief Steward: _____

Business Agent: _____

Vice-President: _____

Note: Current IRS regulations require us to report this money as Income to you in the year you receive this check. You will be getting a form 1099 MISC at the end of the tax year you receive this check.

The Trust will issue a check to all eligible retirees on the date of your scheduled retirement, if a completed application is received in advance of that date.

If you require that your check be issued AFTER your scheduled retirement date (up to six (6) months allowed), please check below and indicate the date you want your check issued.

____: YES, I WANT MY CHECK ISSUED AFTER MY RETIRMENT DATE

PLEASE ISSUE MY CHECK ON: ____/____/____

Signed: _____

DO NOT POST BELOW THIS POINT:

Payment in Fiscal Year: _____

Date Application Received: ____/____/____

Membership Verified By: _____

Date: ____/____/____

Applicant is Member in good standing: ___ YES ___ NO

Was Applicant Paid by Trust Before? ___ YES ___ NO

GOLD Card ordered: ____/____ By: _____

WALET sent with check? ___ YES ___ NO

APPLICATION APPROVED: ___ YES ___ NO

IF NOT APPROVED-EXPLANATION: _____

Check Issued: ____/____/____

Check Number: _____

Signature of Trustee: _____