

LOCAL



**CWA Local 1101**

350 West 31<sup>st</sup> St. (2<sup>nd</sup> Floor) New York, NY 10001

Phone: (212) 633-2666

1703 Castle Hill Ave. Bronx, NY 10462

Phone: (718) 823-7330



## Retirement Trust Application

Keith Purce, Trustee

Kevin Condy, Trustee

**Please PRINT or TYPE IN information, Sign manually and MAIL to**

CWA Local 1101, Atten Kevin Condy, 350 West 31 St, 2<sup>nd</sup> Fl, NY NY 10001

Name \_\_\_\_\_ SSN \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ Gender: \_\_\_\_\_ NCSD \_\_\_\_\_

Leaving with Service Pension \_\_\_\_\_ Disability Pension \_\_\_\_\_

Date of Retirement \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer \_\_\_\_\_

Job title \_\_\_\_\_ Work Location \_\_\_\_\_

When did you Join 1101? \_\_\_\_/\_\_\_\_/\_\_\_\_ Were you New Hire \_\_\_\_\_ Transfer \_\_\_\_\_

Do you plan to move soon? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

New Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature \_\_\_\_\_ 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 schedule retirement, if a completed application is received in advance of that date.

If you require that your check be issues AFTER your schedule 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 RETIREMENT DATE

PLEASE ISSUE MY CHECK ON \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

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**OFFICE USE ONLY: DO NOT FILL IN 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 \_\_\_\_\_

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Check Issued \_\_\_\_/\_\_\_\_/\_\_\_\_      Check Number \_\_\_\_\_

Signature of Trustee \_\_\_\_\_