

PAINTERS DISTRICT COUNCIL NO. 3 PENSION FUND  
3100 BROADWAY, SUITE 805  
KANSAS CITY, MISSOURI 64111  
(816) 756-3313 FAX (816) 756-3659 TOLL FREE (866) 756-3313

APPLICATION FOR RETIREMENT BENEFITS

I HEREBY APPLY FOR THE FOLLOWING BENEFITS:

\_\_\_\_\_ Normal Retirement                      \_\_\_\_\_ Disability Benefits  
\_\_\_\_\_ Early Retirement

PROPOSED DATE OF RETIREMENT: \_\_\_\_\_

Date you stopped working or plan to stop working \_\_\_\_\_

Name \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_ (include copy of birth certificate)

Local Union No. \_\_\_\_\_ Date you joined the Union \_\_\_\_\_

Are you: Married \_\_\_\_\_ Single \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ (if divorced please provide a copy of the Divorce Decree including the Settlement Agreement).

If Married, Complete the Following:

Spouse's Name \_\_\_\_\_

Spouse's Social Security Number: \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ (please include copy of birth certificate)

Date of Marriage \_\_\_\_\_ (please include copy of marriage license)

(over)

Have you ever been unable to work because of total disability?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Complete the Following:

Cause of Disability \_\_\_\_\_  
Dates Disabled \_\_\_\_\_ TO \_\_\_\_\_

**IF YOU ARE APPLYING FOR DISABILITY BENEFITS, COMPLETE THE FOLLOWING:**

a) Have you applied for Social Security Disability Benefits? \_\_\_\_\_

If you were granted Social Security Disability Benefits, attach a copy of your Award Letter.

- b) Nature of your disability \_\_\_\_\_  
c) When did you become disabled \_\_\_\_\_  
d) Date of your most recent examination \_\_\_\_\_

**THE ATTACHED STATEMENT MUST BE COMPLETED BY YOUR PHYSICIAN.**

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I hereby apply for a Pension Benefit from the Painters District Council No. 3 Pension Fund and certify all statements in this application are true to the best of my knowledge and belief. If a benefit is granted to me, I agree to be bound by all the Rules and Regulations of the Pension Plan and will personally endorse all pension checks received by me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant