

**JOINT INDUSTRY BOARD OF THE ELECTRICAL INDUSTRY  
EMPLOYEES RETIREMENT INCOME PLAN  
NOTICE OF INTENT TO APPLY FOR:**

- [ ] Retirement Benefit.
- [ ] Disability Pension Benefit. If this box is checked, attach a copy of Social Security Disability Award Notice.
- [ ] Pre-Retirement Death Benefit. If this box is checked, attach a copy of the death certificate and beneficiary form.

Participant's Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Maiden Name: \_\_\_\_\_

Employment Date: \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Spouse's Birth Date: \_\_\_\_\_

Attach Certified Proof of Birth Date: ( ) Birth Certificate ( ) Marriage License ( ) Driver's License ( ) Passport ( ) Baptismal Certificate

Attach Certified Proof of Spouse's Date of Birth: ( ) Birth Certificate ( ) Marriage License ( ) Driver's License ( ) Passport ( ) Baptismal Certificate

Mailing Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_

**STATEMENT OF PARTICIPANT'S MARITAL STATUS**

Under the full penalties of State and Federal Law, I do swear that: { } I have no living spouse; or { } I have no knowledge of the whereabouts of my spouse; or { } I have a living spouse named above.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

X \_\_\_\_\_  
Signature of Participant/Beneficiary

X \_\_\_\_\_  
For the Plan Administrator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

Return Completed Form to: *Human Resources  
Joint Industry Board of the Electrical Industry  
158-11 Harry Van Arsdale Jr. Avenue  
Flushing, NY 11365*