

PENSION FUND OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS' LOCAL #131

NOTIFICATION OF RETIREMENT OR TERMINATION FORM

(A) Name (Please Print) _____ M _____ F _____

Address _____

City & State _____

Social Security No. _____ Phone No. _____

Date of Birth _____
(Attach copy of Birth Certificate)

(B) Date of Actual Termination or Retirement _____

(C) Married: ___ No ___ Yes

If you have not been , or will not have been, married for at least one year as of
your retirement or termination date, indicate date of marriage _____

Spouse's Name (Please Print) _____

Date of Birth _____ Social Security No. _____

(D) I certify that I have retired or have terminated my employment and hereby make
application for benefits under the Pension Plan for the Local Union No. 131
International Brotherhood of Electrical Workers and attest to the accuracy of the
information above.

(Participant's Signature)

(Date)