AGC-International Union of Operating Engineers Local 701 Trust Funds

DEFINED BENEFIT PENSION PLAN

APPLICATION FOR BENEFITS – QDRO

(Alternate Payee)

1.	Name	2. So	2. Social Security No		
3.	AddressStreet	City	State	Zin (Code
4.	Home Phone NoCell Phone Reserved *NOTE: Attach copy of documentary proof	No	5.	Birth Date*	
	Marital Status: ☐ Single ☐ Marrie Name of Beneficiary:		Palationshir		
8.	Address of Beneficiary: Street Please enter the following information regarding		City	State	Zip Code
	Name Birth Date Is your former spouse currently retired and rece		Social Sec		
	Date you wish to commence receiving your ben at least 60 days after you submit this application)	efit			(must
ti (N	NOTARIZATION OF SIGNATURE Subscribed and sworn to before me this day of, 20 Notary Signature) Notary Public in and for the State of Residing at My commission expires	Signatu	re		_

DOCUMENTS ACCEPTABLE AS PROOF OF AGE

(SEE NOTE BELOW)

- A) A copy of any *ONE* of the following documents will be acceptable as proof of age:
 - 1. Birth Certificate
 - 2. **Baptismal Certificate**
- If neither of the preceding are available, copies of any TWO of the following may be B) submitted:
 - 1. U. S. Census Report (at least 20 years old)
 - 2. **Passport**
 - 3. Naturalization or Immigration Papers
 - 4. State Issued Drivers License
 - 5. Life Insurance Policies (at least 10 years old)
 - 6. Marriage License or Application
 - 7. Early School Records
 - 8. Military Records
 - 9. Civil Service Records
 - 10. Children's Birth Certificates
 - 11. Written Certification from Social Security

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.