

**UTILITY WORKERS' LOCAL 223 DEFERRED COMPENSATION PLAN  
REQUEST FOR APPLICATION FORM**

---

---

**SECTION I**

TO: Board of Trustees

I hereby apply for: (Please check one of the following benefits.)

- Retirement Benefits
- Disability Benefits (submit medical proof of Total and Permanent Disability)
- Separation Benefits
- Benefits payable as a result of the death of a Participant

from the Utility Workers' Local 223 Deferred Compensation Plan

---

**SECTION II – PARTICIPANT'S PERSONAL INFORMATION:**

Name \_\_\_\_\_  
(First) (Middle) (Last)

Social Security Number \_\_\_\_\_ Local Union Number \_\_\_\_\_

Home Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Date of Birth \_\_\_\_\_ Spouse's Date of Birth \_\_\_\_\_

It will be necessary that you submit proof of the date of birth, such as a copy of your Birth Certificate, for both you and your spouse, if any.

---

**SECTION III – STATEMENT OF MARITAL STATUS**

I certify that my marital status is (please indicate your marital status):

- Single – never married
- Single – my spouse is deceased (Attach copy of death certificate)
- Single – divorced\*
- Married

**\*If you have ever been divorced, you must attach a copy of any or all Judgment(s) of Divorce with all attachments and mail them to the Fund Office.**

---

---

**SECTION IV – CERTIFICATION**

***To be completed by the Participant:***

I hereby certify that all of the information furnished by me on this Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request for Application Form will be attached to and made a part of my Application for Benefits, when it is submitted. I also understand that I must also submit acceptable proof of my age and, if I am married, proof of my spouse's age, as well as a copy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy or copies of my Divorce Decree(s), and if I am widowed, I must submit a copy of my late-spouse's Death Certificate.

Date \_\_\_\_\_

Signature of Participant \_\_\_\_\_

***In the event of the death of the Participant, to be completed by the Beneficiary:***

I hereby certify that all of the information furnished by me on this Application Form, is to the best of my belief and knowledge, true and complete. I understand that I must also submit acceptable proof of my age, and if married to the Participant, a copy of my Marriage License or Certificate to the deceased Participant, as well as a copy of the deceased Participant's Certificate of Death.

Date \_\_\_\_\_

Signature of Beneficiary \_\_\_\_\_

---

Please return completed form to:

**UTILITY WORKERS' LOCAL 223 DEFERRED COMPENSATION PLAN  
6525 Centurion Drive  
Lansing, MI 48917-9275**