

# UNITED FURNITURE WORKERS Pension Fund A

P.O. BOX 100037  
NASHVILLE, TN 37224

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1910 AIR LANE DRIVE  
NASHVILLE, TN 37210

## APPLICATION FOR PENSION

I hereby apply for pension and acknowledge receipt of a copy of the United Furniture Workers Pension Plan A.

MY NAME IS \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

MY ADDRESS IS \_\_\_\_\_

Number

Street

Apt. #

City

State

Zip

MY DATE OF BIRTH IS \_\_\_\_\_ MY LOCAL UNION NO. IS \_\_\_\_\_, AFL-CIO

Month Day Year

**PROOF OF AGE MUST BE SUPPORTED BY ONE OR MORE OF THE FOLLOWING:**

Birth Certificate, Baptismal Certificate, Certificate of Social Security Insurance Award, or other documents acceptable to the Trustees of the Fund

SPOUSE'S SOCIAL SECURITY # \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ SPOUSE'S DATE OF BIRTH \_\_\_\_\_

Your spouse's proof of age, and marriage to you, must be supported by documentary evidence acceptable to the Trustees of the Fund, such as the following.

MARRIAGE LICENSE  
PASSPORT

BAPTISMAL CERTIFICATE  
DEATH CERTIFICATE OF SPOUSE

BIRTH CERTIFICATE  
DIVORCE DECREE

**IF THERE IS NO SPOUSE, PLEASE ADVISE OF THE FOLLOWING:**

I have never been married.

OR

I have been married before. Attached please find the Death Certificate of my spouse or the Divorce Decree.

I have worked for the following Employers in the Furniture, Piano, Bedding and Allied Trades (include name of present employer):

NAME OF EMPLOYERS

DATES EMPLOYED  
FROM TO

*If additional space is required for your employment history, please note on the back of this form.*

My last day of employment was (or will be):

I request my pension to begin on the first day of:

Month Day Year

Month Year

**I agree to notify the Trustees of the United Furniture Workers Pension Fund A in writing, immediately upon acceptance by me of employment with any Employer or former Employer.**

I agree that pension eligibility and payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended and that the making of any pension payment and its acceptance by me shall not prevent the Trustees from recovering or in any other way affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever as the same may be provided for by the Plan, as it may from time to time be amended.

Dated \_\_\_\_\_ SIGNATURE OF MEMBER \_\_\_\_\_

**(ALL APPLICANTS MUST SIGN HERE IN INK)**