

**BRIDGE, STRUCTURAL, ORNAMENTAL AND REINFORCING IRONWORKERS LOCAL 207  
Pension and Annuity Funds**

694 Bev Road, Suite A • Boardman, Ohio 44512 • Phone (330) 726-3745 • Fax (330) 726-3893

**PENSION APPLICATION**

Please read all the questions carefully and **PRINT** all answers. Be sure to sign and date the application. Mail the completed application and whatever document you are submitting as proof of age to the Fund Office at the above address. Also, submit proof of age of your spouse, if married, and a certificate of marriage.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
First Middle Initial Last

Home Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_ and/or Cell Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Local Union # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Membership # \_\_\_\_\_  
Month/Day/Year

Sex \_\_\_\_\_ Marital Status \* \_\_\_\_\_ Citizenship \_\_\_\_\_  
M F Married Divorced Single (or widowed)

\* If Divorced, was a Qualified Domestic Relation Order (QDRO) issued for your  
Ironworkers Pension? \_\_\_\_\_, Name of Prior Spouse \_\_\_\_\_  
No Yes

Last day active at work \_\_\_\_\_ Intended Retirement Date \_\_\_\_\_  
Month/Day/Year Month/Day/Year

Spouse's Name \_\_\_\_\_ Date of Marriage \_\_\_\_\_  
First Middle Initial Last

Spouse's Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Month/Day/Year

While a member of Ironworkers Local 207, did you serve in the Armed Forces of the United States? \_\_\_\_\_  
Yes No If yes, please indicate the following:

Branch of Service	Date Entered	Date Discharged or Separated
_____	_____	_____
_____	_____	_____

Have you applied for benefits from Social Security? \_\_\_\_\_  
Yes No

If yes, were you: \_\_\_\_\_ rejected; \_\_\_\_\_ approved; \_\_\_\_\_ not informed yet?

Please check below to indicate whether you are applying for a Pension or Vesting Information.

Pension \_\_\_\_\_ Vesting (Information Only) \_\_\_\_\_  
Type: Normal \_\_\_\_\_ Early \_\_\_\_\_ Deferred Vested \_\_\_\_\_  
Special Early (30 & Out) \_\_\_\_\_ Pro-Rata (Participated Other Local's Plan) \_\_\_\_\_  
Please list other Locals involved \_\_\_\_\_  
Disability \_\_\_\_\_ (Must be approved for Social Security Disability – provide copies of award/approval letter.)

\_\_\_\_\_  
**Signature of Member**

\_\_\_\_\_  
**Date**