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

NOTIFICATION OF RETIREMENT OR TERMINATION FORM

(A)	Name (Please Print)	<u>M</u>	F
	Address		
	City & State		
	Social Security NoPhone 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 your retirement or termination date, indicate date of marriage Spouse's Name (Please Print)		
	Spouse's Name (Flease Frint)		

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)