

Indiana Laborers Pension Fund

Application for Qualified Domestic Relations Order Benefits

TO: The Board of Trustees

I hereby apply for the Qualified Domestic Relations Order Benefit.

PERSONAL INFORMATION:

1) Full Name: _____ SSN: _____

2) Home Address: _____
Street City State Zip

3) Phone: (_____) _____ 4) Birth Date: ____/____/____
Mo. Day Year

5) Marital Status: Legally Married Divorced Single Widowed

6) Beneficiary Name: _____ Relationship _____ Beneficiary SSN: _____

7) Beneficiary Address _____
Street City State Zip

8) Beneficiary Phone: (_____) _____ 9) Beneficiary Birth Date: ____/____/____
Mo. Day Year

I represent that all the above information is true. I understand it may be necessary for me to provide the Trustees with proof of eligibility, plus any other documentary proof as to my age, marriage, and employment history before final action can be taken on this application.

All benefit payments for pensions with pension starting dates or pension reinstatement dates occurring on or after January 1, 2010 shall be made to recipients by direct deposit to the recipient's bank account.

Date _____

Signature of Applicant