

**ILWU-PMA PENSION PLAN ♦ ILWU-PMA WATCHMEN PENSION PLAN**

**NORMAL RETIREMENT APPLICATION**

Please allow a **minimum of six (6) weeks** to process your Normal Retirement Application. Normal Retirement applications must be received in the Plan Office prior to the date you are requesting. To apply for disability retirement, please complete a Disability Retirement Application.

**SECTION 1**

Legal Name: \_\_\_\_\_  
*First Middle Last*

Local: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Address: \_\_\_\_\_  
*Street*

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

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone Number: Home: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 2 - I APPLY TO RETIRE ON** \_\_\_\_\_  
*(Date must be on the 1<sup>st</sup> day of the month; i.e. Jan 1, 2022, Feb 1, 2021, etc.)*

**SECTION 3** - Survivor Benefits – In the event of your death, your legal spouse may be entitled to Survivor benefits. For future reference, please complete the following as applicable:

- Single: Never Married
- Legally Married – See SECTION 4 and please attach photocopy of certified marriage certificate
- Divorced – Please attach photocopy of complete divorce decree (all pages)
- Widowed – Please attach photocopy of death certificate (front and back)

**SECTION 4** – Please complete the following for your spouse

Full Name: \_\_\_\_\_

Address *(if different from yours)*: \_\_\_\_\_  
*Street City State Zip Code*

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION 5**

I hereby certify that the above is correct to the best of my knowledge and belief. I acknowledge that as of my Separation Date certified by the Trustees, I will be permanently separated and forego all employment under the Longshore or Watchmen industry’s Collective Bargaining Agreement, and understand that my name will be **permanently removed** from all Longshore or Watchmen Registration Lists.

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

To expedite processing, you may **first** submit your application via...

Fax: (415) 749-1321 or

Email: [pension@benefitplans.org](mailto:pension@benefitplans.org)

**...then you must mail the application to:**  
**(make a copy for your records prior to mailing)**

ILWU-PMA Benefit Plans Office  
1188 Franklin Street, Suite 101  
San Francisco, CA 94109

**IMPORTANT:** The Benefit Plans Office will notify you when your application has been received. Please contact the Plan Office if you do not receive this notification within two weeks from the date your application was mailed.