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The last date worked or expected to work before retirement\_\_\_\_\_.

(If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

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Name of last Contributing Employer:

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Phone Number:

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Please indicate your marital status, where applicable:

Single

Married, number of times \_\_\_\_\_

Divorced, number of times \_\_\_\_\_ or widowed \_\_\_\_\_

If currently married, please indicate the following:

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Spouse's Name:	First	Middle	Last
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Spouse's Social Security Number:	Spouse's Date of Birth:
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Married on:	Month	Date	Year
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### **CERTIFICATION**

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application, I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.

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Signature of Participant

Date

