

Maryland Race Track Employees Pension Fund

911 Ridgebrook Road
Sparks, Maryland 21152-9451
Telephone: (410) 683-6500
(800) 638-2972
www.associated-admin.com

APPLICATION FOR PENSION

SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)

Social Security Number

Home Telephone Number

Address

City, State, Zip Code

Date of Birth (Attach proof of age.)

Local Union Number

Date of retirement

(Examples of accepted forms of proof on back.)

Marital Status (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

Married Widowed Divorced Separated Never been married

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending? Yes No

Spouse's Name (Last, First, Middle)

Spouse's Social Security Number

Spouse's Date of birth

Are you working now? Yes No List all present employers.

Name of present employer(s): _____

Actual last day of work or to be worked?
(Mo./Day/Year)

Type of Pension (Circle One): Normal, Early, Disability, Vested If Vested, from what employer did you earn a pension? _____

DISABILITY SECTION

Are you applying for a Disability Pension? Yes No Date Disability Occurred: _____

Nature of Disability: _____

Have you received a Social Security Disability Award? Yes No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

Tax forms will be sent to you separately. You must complete the Form(s) whether or not you wish to withhold taxes.

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that false statement may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

EFFECTIVE DATE: _____ TRUSTEE APPROVAL: _____

CREDITED SERVICE: _____ TRUSTEE APPROVAL: _____

MONTHLY AMOUNT: _____