

BLASTERS, DRILLRUNNERS & MINERS UNION LOCAL #29 PENSION FUND
43-12 Ditmars Boulevard, Astoria, NY 11105
(718) 278-5800

APPLICATION FOR PENSION

Name (Print) _____

Address (Print) _____

S.S. Number _____ Telephone No. _____

Date of Birth _____

(Proof of age must be supported by any one or more of the following: Social Security Insurance Award, Birth Certificate, Baptismal Certificate, Marriage Certificate, Passport, Insurance policies or other documents.)

Marital Status: Single Married Divorced Widow

I agree to notify the Trustees of the Pension Fund in writing immediately on acceptance by me of employment with any Employer or former Employer under the Plan.

I agree that pension eligibility and payments are to be governed in all respects by the provisions of the Pension Plan, or as the same may hereafter be amended; and that the making of any pension payment and its acceptance by me shall not prevent the Trustee from recovering or in any other way affect their right to recover any payment to me in excess of the amount to which I am entitled under the provisions of the Plan, nor shall the making of any pension payments to me obligate the Trustees in any way to make any further payments in any amount whatsoever except as the same may be provided for by the Plan, as it may from time to time be amended.

I further agree to fully indemnify the Blasters, Drillrunners & Miners Union Local #29 Pension Fund (the "Fund") and all of its Trustees, and to hold the Fund and its Trustees harmless, if any claim to this Pension Benefit is asserted by any other person or persons after such Pension Benefit has been paid to the undersigned applicant(s)."

Signature of Participant _____ Date _____

State of _____ County of _____

On the _____ day of _____ year _____ before me came _____ who was proven to me on the basis of satisfactory evidence to be the individual described in and who executed the foregoing statement and (s) he duly acknowledged to me that (s) he executed the same.

Notary Public _____