Dear Member:

Enclosed is a set of application forms for Early or Normal Retirement Benefits. Listed below are the instructions for completing these forms:

1. Answer all of the questions in the spaces provided.

2. Have page 3 notarized.

3. Sign page 4 on the designated lines.

4. Attach copy of social security card(s)

5. Attach proof of birth for yourself and, where applicable, your discharge papers, proof of birth for your spouse and your marriage license. A list of the items you may submit for proof of birth is furnished on the bottom of page 4. Photocopies of these documents will be acceptable. Please note that military (DD-214) is only required if military service was served while in covered employment.

6. Please return the entire application, including all proofs of birth, etc., to the Fund office as soon as possible so that we may start the processing of your application.

Most applications require 60 to 90 days processing time. If we need to contact you regarding your application or for additional information, we will do so by mail.

If you should have any further questions regarding this matter, please contact the Fund office at 1-800-523-2846.

Very truly yours,

TEAMSTERS PENSION TRUST FUND
OF PHILADELPHIA AND VICINITY
TEAMSTERS PENSION TRUST FUND OF PHILADELPHIA AND VICINITY
APPLICATION FOR NORMAL OR EARLY RETIREMENT BENEFITS

Date ______________________

PleaSE REAd ALL ISTRUCTIONS CAREFULLY AND PRINt ANSWERS TO ALL QUESTIONS!

(1) Member's Name 
Last 
First: 
Middle: 

(2) Member's Social Security Number Member's Phone Number 
(Attach a copy of SS card)

(3) Address 
Number/Street 
City 
State 
Zip Code

(4) Date of Birth (Month/Day/Year) 
(Attach proof of age)

(5) Intended Retirement Date (Month/Day/Year)

(6) Marital Status: Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated [ ]
(Check one box)

NOTE: If you are presently Divorced or Widowed, please attach a copy of Divorce Papers or Spouse's Death Certificate

(7) Spouse's Maiden Name 
Last 
First 
Middle 

If spouse's maiden name is different than indicated on the Marriage Certificate, please attach appropriate documents to substantiate each name change.

Spouse's Date of Birth (Month/Day/Year) 
(Attach proof of age)

Spouse's Social Security Number 
(Attach a copy of SS card)

Date of Marriage (Month/Day/Year) 
(Attach Marriage Certificate)

(8) Address to which pension checks should be sent if other than address on line 3.

Number/Street 
City 
State 
Zip Code

(9) Teamster's Membership (List each period of membership beginning with most recent.)

<table>
<thead>
<tr>
<th>Local Union No.</th>
<th>City and State</th>
<th>Periods of Membership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>From</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(10) Employment History (List all employment beginning with your most recent employer.)

<table>
<thead>
<tr>
<th>Name and Address of Employer</th>
<th>Type of Work Performed</th>
<th>Periods of Employment From To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Record of U.S. Military Service (Attach copy of discharge or separation papers if time was severed while in covered employment)

(11)

<table>
<thead>
<tr>
<th>Branch of Service</th>
<th>Period of Service From To</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
(12) Record of Disability Benefits

<table>
<thead>
<tr>
<th>Type of Benefit Received</th>
<th>Period of Disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Weekly Disability Benefit, Workmen's Compensation, etc.)</td>
<td>From</td>
</tr>
</tbody>
</table>

(13) List any periods in which you were a member of a Local Union but were not working in Covered Employment, were self-employed or were not actively employed for any reason.

<table>
<thead>
<tr>
<th>Reason</th>
<th>Period of Time</th>
</tr>
</thead>
</table>

(14) I hereby apply for a pension from the Teamsters Pension Trust Fund of Philadelphia and Vicinity. I, being duly sworn, say that I have read and understand the foregoing statements and my answers and information therein contained and that the same are true and correct to the best of my knowledge and belief.

______________________________
Member's Signature

Sworn before me this ______ day of

______________________________
Notary Public

______________________________
Fund Representative

______________________________
Date
Member's Name:

Last  First  Middle  Social Security Number

The following information is being submitted to establish the date of my birth:


This is to certify that to the best of my knowledge and belief, and from the document(s) attached, I am satisfied that

may be accepted as the correct date of my date of birth.

Month/Day/Year

Member's Signature

PROOF OF AGE INSTRUCTIONS

Listed below are the various types of proof that you may submit to substantiate your date of birth. To prove as high in order on the list as possible should be submitted if you have it, or if it is readily obtainable, because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed next in order rather than one lower on the list. If you are unable to submit at least one of the first 12 proofs listed, you may be required to submit two or more of the remaining items shown. Photocopies of your proof of age are acceptable; however, please note that Naturalization Papers, U.S. Passports, and Immigration Papers may not be photocopies. If any of these items are the only proof of age you have, please submit the original and it will be returned to you.

1. A birth certificate
2. A baptism certificate or a statement as to the date of birth shown by a church record which has been certified by the custodian of such record
3. A notification of registration of birth in a public registry of vital statistics
4. Certification of record of age by the United States Census Bureau
5. Hospital birth record certified by the custodian of such record.
6. A document showing approval of Social Security Retirement Benefits
7. A foreign church or government record
8. A signed statement by the physician or midwife who was in attendance at your birth, verifying the date of your birth as shown on their records
9. Naturalization Papers
10. Immigration Papers
11. Military record
12. Passport
13. School record certified by the custodian of such record
14. Vaccination record certified by the custodian of such record
15. An insurance policy over twenty (20) years old which shows your age or date of birth at the time of purchase
16. Marriage records showing your age or date of birth (the application for marriage license, a church record certified by the custodian of such record or a marriage certificate)
17. Other evidence such as notarized statements from persons who have knowledge of your date of birth, voting records, poll tax receipts, driver's license, etc.