

# Heating, Piping and Refrigeration Pension Fund

Physical Address: 8700 Ashwood Dr., Suite 150, Capitol Heights, MD 20743 • Mailing Address: PO Box 21427 Eagan, MN 55121  
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Administered by  
Welfare & Pension Administration Service, Inc.

## ALTERNATE PAYEES' APPLICATION FOR PENSION BENEFITS

### ALTERNATE PAYEE PERSONAL DATA:

1. Name \_\_\_\_\_ 2. Social Security No. \_\_\_\_\_

3. Address \_\_\_\_\_  
Street City State Zip Code

4. Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

5. Birth Date\* \_\_\_\_\_ 6. Marital Status: ☐ Single ☐ Married

\*NOTE: Attach copy of documentary proof of age as specified on the reverse.

7. Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_  
Street City State Zip Code

8. Please enter the following information regarding your former spouse (if known):

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Social Security No. \_\_\_\_\_

9. Is your former spouse currently retired and receiving benefits? ☐ Yes ☐ No

Enclosed herewith is a copy of my Birth Certificate, Social Security Card and proof of any and all of my name changes.

I HEREBY APPLY FOR A PENSION AS AN ALTERNATE PAYEE OF A PARTICIPANT UNDER THE HEATING, PIPING AND REFRIGERATION PENSION FUND. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR PENSION BENEFITS AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENT MADE TO ME BECAUSE OF A FALSE STATEMENT.

#### NOTARIZATION:

*Subscribed and sworn to before me*

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**Notary Public's Signature:** \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

Commission expires: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**DOCUMENTS ACCEPTABLE AS PROOF OF AGE**  
**(SEE NOTE)**

**A) A copy of any *ONE* of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

**B) If neither of the preceding are available, copies of any *TWO* of the following may be submitted:**

1. U. S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. Written Certification of Union Local

**NOTE:** *All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.*

