



**SECURITY BENEFIT FUND
APPLICATION FOR SEVERANCE BENEFIT**

- All information on this application must be completed.
- Checks will be mailed to the address the Fund Office has on file for you. If you wish to change your address please call the Fund Office for the necessary *Change of Address* form.
- This benefit is subject to all withholding taxes and FICA and will be reported on Form W-2 at year end.
- You are first eligible for the severance benefit after no contributions have been made to this, or any of the related Funds, *for six consecutive months*. You have two years from your eligibility date to apply for your severance benefit, *provided you do not return to work in the industry*. After that time, the severance benefit is no longer available.

Book Number _____

Name _____

_____ Home Telephone _____ Mobile _____ E-mail

Single or Married or Married, but withhold at higher single rate

Number of allowances you are claiming _____

New York City Resident: Yes No

Amount of Benefit [Choose One]

Maximum Benefit available Other _____
[Not to exceed account balance]

Method of Payment [Choose One]

Lump Sum Maximum Quarterly Payments

I hereby certify that I am no longer employed in the Steamfitting Industry and that all of the information provided on this application is true and correct.

SIGNATURE _____

DATE _____