



NABET-CWA LOCAL 11 RETIREMENT BENEFIT

NAME

SOCIAL SECURITY NUMBER

ADDRESS

CITY, STATE, ZIP CODE

PHONE NUMBER

RETIREMENT DATE

LOCAL 11 ACTIVE SERVICE CREDIT

PLEASE READ THE FOLLOWING CAREFULLY AND SIGN BELOW:

I understand that in order to receive the NABET-CWA Local 11 Retirement Benefit, I must qualify as a retired member as defined in Section 2.5C of the Sector Constitution (as amended June 12, 1994) i.e., be a "person, previously an active member, who withdraws from employment in any of the industries noted in Section 1.3 (i.e., broadcasting, telecasting, recording, filming and allied industries) for reasons of health or age.

I understand that the Retirement Benefit will be paid to me six (6) months after the date of my retirement.

I further understand and agree that I will not work or seek employment in a NABET-CWA-represented job in any of the above-listed industries.

I agree that I will refund the total sum of my Local Retirement Benefit to Local 11 if I do not qualify or continue to qualify retirement member as defined in the Constitution.

Signature

Date

Local 11 Treasurer

Date

Local 11 President

Date