

# Carpenters Retirement Plan of Western Washington

## Retroactive Payment

If the Election of Retirement Benefits form was provided to you after the retirement effective date requested by you on your application, you must make an affirmative election to commence benefits retroactive to the retirement effective date that was requested. To make this election, please complete this form in its entirety and return it with your Election of Retirement Benefits form to the Trust Office. If you do not want a retroactive retirement to the date requested on your application, please notify the Retirement Department at the Trust Office for a new application.

- I am requesting to receive my monthly benefit retroactive to the retirement effective date requested on my application.
- I do **not** want to receive my monthly benefit retroactive to the retirement effective date requested on my application. Please send me a new application so that I can request a new retirement effective date.

\_\_\_\_\_  
Carpenter's name (please print)

\_\_\_\_\_  
Social Security number

\_\_\_\_\_  
Carpenter's signature

\_\_\_\_\_  
Date