

## Maryland Race Track Employees Pension Fund

911 Ridgebrook Road  
Sparks, Maryland 21152-9451  
Telephone: (410) 683-6500  
(800) 638-2972  
[www.associated-admin.com](http://www.associated-admin.com)

Dear Participant:

Please provide this office with the following documents when you submit your Application for Pension.

- Copy of Birth Certificate (if not available please see the reverse side of the application for a list of acceptable documents)
- Copy of Spouse's Birth Certificate (if not available, please see the reverse side of the application for a list of acceptable documents)
- Copy of Marriage Certificate (if applicable)
- Copy of Divorce Decree (if applicable)
  - If the divorce decree states there is any type of property, marital, separation, or financial agreement incorporated into the divorce decree, you must submit the entire agreement along with the entire divorce decree.
- Copy of Death Certificate (if Spouse is deceased)

We will not be able to process your pension application unless we receive **all** documents pertinent to your application.

Thank you for your cooperation in this matter.

Sincerely,

Fund Office  
Pension Department

Enclosures

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## APPLICATION FOR PENSION

### SUBMISSION OF THIS APPLICATION DOES NOT GUARANTEE YOU A PENSION BENEFIT.

Complete this form in full and return it to the address mentioned above. Please print and complete all blanks.

Name (Last, First, Middle)

Social Security Number

Home Telephone Number

Address

City, State, Zip Code

Date of Birth (Attach proof of age.)

Local Union Number

Date of retirement

(Examples of accepted forms of proof on back.)

**Marital Status** (Attach copy of marriage certificate, divorce decree or separation papers or death certificate as applicable)

Married  Widowed  Divorced  Separated  Never been married

If you are divorced, is there a Qualified Domestic Relations Order (QDRO) in place or pending?  Yes  No

Spouse's Name (Last, First, Middle)

Spouse's Social Security Number

Spouse's Date of birth

Are you working now?  Yes  No List all present employers.

Name of present employer(s): \_\_\_\_\_

Actual last day of work or to be worked?  
(Mo./Day/Year)

Type of Pension (Circle One): Normal, Early, Disability, Vested If Vested, from what employer did you earn a pension? \_\_\_\_\_

### DISABILITY SECTION

Are you applying for a Disability Pension?  Yes  No Date Disability Occurred: \_\_\_\_\_

Nature of Disability: \_\_\_\_\_

Have you received a Social Security Disability Award?  Yes  No

If yes, attach a copy of the favorable decision and the Award to this application. If no, you must receive an Award before further action can be taken.

**Tax forms will be sent to you separately. You must complete the Form(s) whether or not you wish to withhold taxes.**

I hereby certify that the above information is true and correct to the best of my knowledge and belief. I understand that false statement may disqualify me for pension benefits, and the Trustees have the right to recover payments made to me as a result of false statements.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

EFFECTIVE DATE: \_\_\_\_\_ TRUSTEE APPROVAL: \_\_\_\_\_

CREDITED SERVICE: \_\_\_\_\_ TRUSTEE APPROVAL: \_\_\_\_\_

MONTHLY AMOUNT: \_\_\_\_\_