Pension Fund of
Local No. One, I.A.T.S.E.
320 West 46th Street, 6th Floor
New York, NY 10036
(212)247-5225

APPLICATION FOR QDRO BENEFIT

Please carefully fill out the following application with the required information, and take care to sign and date the form. The application, along with all of the required supporting documents, should be returned to the Fund Office at the above address. Thank you!

QDRO Recipient Information

Name of Recipient ______ Social Security Number ______

Date of Birth ______

Street Address ______

City ______ State ______ Zip ______

Phone ______ Email Address ______

Former Spouse Information

Name of Former Spouse ______ Social Security Number ______

Date of Birth ______

Street Address ______

City ______ State ______ Zip ______

Home Phone ______ Email Address ______

I hereby apply to the Pension Fund of Local No. One, IATSE for the benefits payable under Article II, Section 12 of the Pension Plan on behalf of the above named recipient. I understand that payment of this benefit is subject to all the rules and regulations of the Pension Plan and that the submission of false or misleading information may be grounds for the denial or suspension of any benefits under the Plan.

Applicant Signature: ______ **Date:** ______

Official Use Only