

Glass, Molders, Pottery, Plastics & Allied Workers

PERMANENT AND TOTAL DISABILITY PENSION

NAME OF PARTICIPANT: _____

LOCAL UNION # _____

COMPANY: _____

DATE: _____

COMPANY'S STATEMENT

I hereby certify that _____

has retired from _____

on a permanent and total disability pension.

SOCIAL SECURITY NUMBER: _____

CLOCK NUMBER: _____

DATE HIRED: _____

DATE RETIRED: _____

AUTHORIZED SIGNATURE: _____

TITLE: _____

Financial Secretary's Signature: _____

Address: _____

Local Union Number: _____

In accordance with the rules and regulations of the GMP - Death Beneficiary Department, this member is entitled to a paid-up certificate with this Department.

Please forward this notice to:

GMP International Secretary-Treasurer
608 East Baltimore Pike
P.O. Box 607
Media, PA 19063-0607