Benefits Center Retirement Initiation Worksheet (circle one)   GM   Delphi

Name: _____   SSN: _____

Retirement Date: ___/___/___   Last Day Worked: ___/___/___

DOB: ___/___/___   Marital Status: married   single
(Mon) (Day) (Year)

Retirement Type (Please Circle):   Payment option (Please Circle):

__ 30 and out   __ Single Life Annuity
__ 85 points/60 and 10   __ 65% Surviving Spouse
__ MSR – Mutual   __ Contingent Annunitant
__ T&PD   __ 50% Joint and Survivor
__ Deferred Vested

Spouse/Contingent Annuitant Name: _____

SDOB: ____/___/____   Spouse/CA SSN: _____

Fed Tax: Yes No	State Tax: Yes No
Single Married	Single Married
Married at single rate	Married at single rate
# of exemptions: _____	# of exemptions: _____
Additional dollar amount: _____	Additional dollar amount: _____

Banking Information: Account Type   Checking   Savings

Routing #: _____   Bank Account #: _____

Name of Bank: _____

Deductions (Please Circle):   UAW $2.00
                                   IUE $3.00
                                   Health Insurance   Life Insurance
                                   United Way _____
FIDELITY WILL
~~Mail to UBR (Union Benefit Rep)~~ (Yes)   No

Name of UBR: Frank Murray, Local 717, Warren, Ohio (330) 392-1591 Ext. 242