



# B.A.C. Trust Funds

B.A.C. Local No. 3 Pension Plan  
B.A.C. Local No. 3 Defined Contribution Pension Plan  
B.A.C. Local No. 3 Health & Welfare Trust Fund  
B.A.C. Local No.3 Vacation Plan

## Instructions to Applicant for a Pension

**Please submit the following documents with your application for benefits:**

- Birth Certificate for you and your spouse (see below for alternative documents)
- Marriage Certificate
- Copy of current driver's license or current state I.D. (with photo) for you and your spouse
- If you have ever been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreement and any similar or related orders with any attachments).
- If you have ever served in the military or other uniformed services of the United States, please submit copies of your induction and discharge papers and the Credit for Uniformed Service for the United States Form. If you never served, please indicate so in a brief, written statement.

## PROOF OF AGE

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is a list of the documents that may serve as proof of your age. Some of these documents are better proof than others. The list is arranged starting with the best type of proof, and going down to the less desirable types of documents. You are required to furnish the best type of proof that is available. You do not have to furnish the original of any of these documents; you may submit a photocopy.

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of such record.
5. A foreign church or government record.
6. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
7. Naturalization record.
8. Immigration papers.
9. Military record.
10. Passport.
11. School record, certified by the custodian of such record.
12. Vaccination record, certified by the custodian of such record.
13. An insurance policy which shows the age or date of birth.
14. Marriage records showing date of birth or age (applications for marriage license or church record, certified by the custodian of such record; or marriage certificate).
15. Document showing approval of Social Security Pension.
16. Other evidence, such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.

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Phone 925.208.9995 ♦ Toll Free 888.208.0250 ♦ Facsimile 925.362.8564

♦ [www.BAC3-brickbenefits.org](http://www.BAC3-brickbenefits.org) ♦ [staff@BAC3-brickbenefits.org](mailto:staff@BAC3-brickbenefits.org)



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## Participant Information:

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_

Spouse's Soc Sec #: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

- **If married, enclose a copy of your spouse's Birth Certificate and Marriage License.**
- **If divorced, enclose a complete copy of your Divorce Decree with all attachments, for any and all previous marriages.**
- **If widowed, enclose a copy of Death Certificate, for any and all previous spouses.**

Date you retired or plan to retire: \_\_\_\_\_

Year started in the Industry: \_\_\_\_\_ Last Employer: \_\_\_\_\_

Last day of employment was/will be: \_\_\_\_\_

Current employer/ Job Duties: \_\_\_\_\_

If you are not retiring from Covered Employment with BAC Local 3, what is your current employment status: \_\_\_\_\_

**TYPE OF PENSION:** Please check ✓ ONE:

- |   |  |                                  |
|---|--|----------------------------------|
| <input type="radio"/> Normal Retirement Pension | <input type="radio"/> Unreduced Early    |                                  |
| <input type="radio"/> Early Retirement Pension  | <input type="radio"/> Delayed retirement | <input type="radio"/> Disability |

**Complete this section if you are applying for a Disability Pension**

- Are you receiving Social Security Disability Benefits? ☐ Yes ☐ No
  - ♦ If you answer yes, please submit a copy of the Social Security Disability Award letter together with this application.
  - ♦ If you answer no, you must obtain a determination from the Social Security Administration before any benefits from this Plan can be processed.

\_\_\_\_\_



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Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

## **DECLARATION OF MARITAL STATUS**

### **PARTICIPANT'S INFORMATION**

Participant's Name: \_\_\_\_\_

Marital Status: ☐ Married    ☐ Divorced & Re-Married    ☐ Single (Never Married)    ☐ Divorced  
☐ Widow

### **SPOUSE'S INFORMATION**

1. Spouse's Name): \_\_\_\_\_ Date of Marriage: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

If you have been divorced or legally separated, please submit a complete copy of your Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements, and any similar or related orders with any attachments). All divorce documents are reviewed by the Plan's legal counsel.

2. Prior Spouse's Name: (if none, please indicate NONE): \_\_\_\_\_  
Date of Prior Marriage: \_\_\_\_\_ Date Marriage Ended: \_\_\_\_\_  
Marriage terminated due to: \_\_\_\_\_

(Death, divorce, dissolution, other (please specify))

Current Information about former spouse: \_\_\_\_\_

Name and Complete Address (if living): \_\_\_\_\_

**IF YOU HAVE HAD MORE THAN ONE MARRIAGE, PLEASE ATTACH A SEPARATE SHEET OF PAPER PROVIDING THE INFORMATION REQUESTED IN ITEM B ABOVE FOR EACH SUCH MARRIAGE.**

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Declaration of Marital Status

**I CERTIFIED THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE.**

Name: \_\_\_\_\_ Social Security Number \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must Be Notarized)

**THIS SECTION TO BE COMPLETED BY NOTARY PUBLIC:**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally  
DATE NAME, TITLE OFFICER – E.G., “JANE DOE,

Notary Public appeared \_\_\_\_\_  
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribe to the within instrument and acknowledge to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary

My Commission expires: \_\_\_\_\_



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