

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(s)
- Copy of current driver's license or current state I.D. (with photo) for both you and your spouse
- If you have ever been divorced or legally separated, please submit a complete signed copy of your Judgment(s) of Divorce and any Qualified Domestic Relations Order(s) (including Separation Agreements, Property Settlements Agreements, and any other similar or related orders in the Court's file that relate to the distribution of property, including all attachments to such documents). **If you provide a copy of the docket report for your divorce case(s), the review required by the Fund can be done in a shorter time.**
- 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 and your spouse's age. The following is a list of 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. 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 that record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by a custodian of that 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 that record.
12. Vaccination record, certified by the custodian of that 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 that 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, ect.

Please be sure to complete and return all pages of this application.

Application for Benefits

I hereby apply, under the Plan of the **Bricklayers Pension Trust Fund – Metropolitan Area**, for:

___ **Normal Retirement Benefits**

___ **Disability Benefits**

___ **Early Retirement Benefits**

___ **Alternate Payee Benefits**

___ **Vested Retirement Benefits**

Effective _____ 1st, _____
(Month) (Year)

Please note, this application will only be valid if returned to the Fund Office within the 180 day period before your requested effective date. This application will be effective on the first day of the month following receipt of the application with the Fund Office, unless a later date is specified above.

I hereby submit the following personal information (Please type or print):

Participant's Social Security Number

Spouse's Social Security Number

Participant's Name:

Spouse's Name:

Dates of Birth:

Participant

Spouse

Address:

Street

City

State

Zip code

Home Phone Number

Alternate Phone Number

The date you last worked or the date you last expect to work before retirement is _____.

The name of the last employer you worked for before retirement is _____.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. I acknowledge that any material misrepresentation of fact constitutes fraud and may result in the adjustment or loss of my monthly benefits.

Participant's Signature

Date



Mailing Instructions (Complete only if your mailing address is different from the “Home Address”)

Mail benefit checks to me at:

Address Street City State Zip code

If you have had any contributions made on your behalf to another Pension Fund covering workers represented by the International Union of Bricklayers and Allied Craftworkers, please complete the following (may be left blank to signify NOT APPLICABLE, however you must sign this form):

Name of Fund _____

Location of Fund _____

Local Union No. _____ Years in which contributions were made _____

Name of Last Contributing Employer _____

Phone Number _____

Contiguous Non-Covered Employment
(Complete only if applicable)

Employment you had with a contributing employer(s) in a position for which contributions to this Fund were **not** required (non-covered employment) may, under certain conditions, be considered for vesting purposes under the Pension Plan. In addition, all times during which any active or inactive participant has been employed by the Detroit Board of Education will be counted in determining Vesting years. This non-covered employment is subject to verification. If you have ever worked in such a position, please complete the following:

<u>Name of Employer</u>	<u>Period Worked</u>	<u>Capacity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. I acknowledge that any material misrepresentation of fact constitutes fraud and may result in the adjustment or loss of my monthly benefits.

Participant’s Signature

Date



Credit for Uniformed Service For the United States

(If you were in the Uniformed Service of the United States, please complete the following)

Under the terms of the Plan and Federal Law, you may be credited with hours of service and accrued Credit Years for the period of your service in the Armed Forces or other uniformed service for the United States, if you meet the following requirements:

1. You served in the Armed Forces or other uniformed services of the United States for five years or less, unless your service was extended by the government; and
2. You resumed work as an employee covered by this Plan within 12 months of the date of your discharge under honorable conditions, unless you were prevented from resuming employment within 12 months of discharge because of an illness or injury you incurred during or aggravated by the service in the Armed Forces or other uniformed service of the United States.

The Fund will need a copy of your “Report of Separation from the Armed Forces of the United States” or Form DD 214. If you did not serve, please write NOT APPLICABLE.

Date of entry

Date of Discharge



Certification

I hereby certify that all the information furnished by me on this application is, to the best of my belief and knowledge, true and complete. I understand that this completed Application Form will be attached to and become part of my application for benefits and that when I submit such application, I must also submit acceptable proof of my age and, if I am married at the time, proof of my spouse's age and a copy of our marriage certificate. I understand that if I have ever been divorced and/or widowed, I must also provide the Fund Office with a complete copy of all my Judgments of Divorce and/or Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments) and/or the death certificate(s) of my late spouse(s) or ex-spouse(s).

I acknowledge that I have been informed that I may elect to have Federal Income Tax withheld from my monthly benefits and I am submitting a form indicating my desire in this regard. I further acknowledge receipt of a statement of estimated benefits, including relative value disclosures and an explanation of the conditions which, if met, could result in a suspension of my monthly pension benefits.

Participant's Signature

Date

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,
This _____ day of _____, 20_____.

Notary Public, _____

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.





Bricklayers Pension and Holiday Trust Funds Metropolitan Area

STATEMENT OF APPLICATION RECEIPT

(Married participants ONLY)

In order to comply with Federal Regulations related to the 30-day waiver form (enclosed with this application), the Fund Office must have a statement from you indicating the date you received an explanation of your benefit options.

Please indicate the date you received this application packet: _____

Participant's Signature: _____

(please return with your application)



WAIVER OF 30-DAY NOTICE REQUIREMENT
(Married Participants Only)

I, _____, hereby acknowledge that I have been informed that federal law prohibits the Fund from paying benefits to me until at least 30 days after my spouse and I have received a written explanation of the 50 % Joint and Survivor form, including my right to waive that form with the written consent of my spouse, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent. I have also been informed that I may waive that 30 day notice period and instead elect a 7 day notice period, which will permit the Fund to commence payment of benefits to me no less than 7 days after my spouse and I received the written explanation, provided my spouse also consents in writing to waiver of the 30 day notice period.

I elect to waive the 30 day notice period.

Participant's Signature

Date

SPOUSAL CONSENT TO WAIVER OF 30 DAY NOTICE REQUIREMENT

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to waive the requirement that we receive, at least 30 days before the Fund pays benefits to my spouse, a written explanation of the 50 % Joint and Survivor form, including my spouse's right to waive the 50% Joint and Survivor form with my written consent, the effect of such a waiver and the right my spouse and I each have to revoke that waiver and consent, and to elect instead a 7 day notice period as permitted by federal law. I hereby consent to the election of my spouse to waive the 30 day notice period.

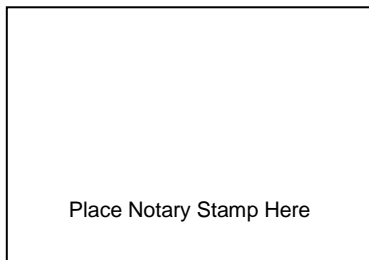
Spouse's Signature

Date

Witnessed by:

Authorized Plan Representative

or Notary Public:

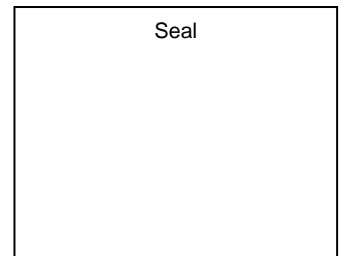


Subscribed to and sworn to before me,
This _____ day of _____, 20____.

Notary Public, _____ County

State of _____

My Commission expires _____



*Notice to Notaries: Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



Certification of Marital Status

Federal law requires the Trustees to confirm whether a previous spouse is entitled to any portion of your pension benefits. As such, it is necessary that we request the following certification and supporting documentation. **Failure to complete this form fully, including signing it in front of a notary public, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Participant Name: _____ S.S.# _____

Current Marital Status:

- SINGLE, NEVER MARRIED
- SINGLE, PREVIOUSLY MARRIED*
- MARRIED, NO PREVIOUS MARRIAGES
- MARRIED, WITH PREVIOUS MARRIAGES*
- LEGALLY SEPARATED

***If you had a previous marriage(s), please list the name(s) of your former spouse(s), the date(s) of marriage and date(s) of divorce or Legal Separation (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):**

<u>Former Spouse's Name</u>	<u>Date of Marriage</u>	<u>Date of Divorce/Death</u>
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You will need to provide **COMPLETE** copies of ALL marriage certificates, divorce decrees, judgments, separation agreements, qualified domestic relations orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouse(s) has passed away, please provide a copy of the death certificate(s). If you do not have these documents, you should contact the appropriate court through which the proceedings occurred in order to obtain certified copies.

I hereby certify, subject to the penalty of perjury, that the above information is, to the best of my belief and knowledge, true and complete. ANY PERSON WHO SUPPLIES A FALSE CERTIFICATION IN CLAIMING A BENEFIT FORFEITS ANY RIGHT HE OR SHE MAY HAVE TO THE BENEFIT AND, UPON DISCOVERY, BECOMES LIABLE FOR FULL REPAYMENT OF ANY MONEY RECEIVED AS A CONSEQUENCE.

Participant's Signature _____

Date _____

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,
This _____ day of _____, 20____

Notary Public, _____

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



Explanation of Forms of Benefits

(This description is not a substitute for the detailed definitions and explanations set forth in the Pension Plan. It is merely a summary of the forms of benefits available under that Plan. Please review the Statement of Estimated Benefits provided to you for a comparison of the value of each form of benefit available to you to the value of your benefit in the Single Life form. That Statement will also indicate which of the Joint and Survivor forms is your qualified Joint and Survivor benefit, if you are married.)

Qualified Joint and Survivor Form

If you are married at the time you retire and apply for benefits, the 50% Joint and Survivor Annuity is your Qualified Joint and Survivor Annuity form (the form of pension you will automatically receive unless you choose one of the other options and your spouse consents). Under the Qualified Joint and Survivor Annuity form, a benefit is payable to you each month for the rest of your life, and if your spouse survives you, your spouse will receive the corresponding percentage of the amount you have been receiving for the rest of your spouse's life.

Depending on the last day you were active and the Joint and Survivor benefit that is your Qualified Joint and Survivor Annuity, the monthly benefit may be reduced from the Single Life form. The amount of the reduction, if any, is based on your age, your spouse's age and the date your benefits commence, and it accounts for the fact that the Fund is obligated to pay the corresponding percentage of benefits to your spouse after your death if your spouse is still living then.

Once benefits commence under the Qualified Joint and Survivor Annuity form, neither you nor your spouse may change the form and no event such as a divorce, death or remarriage will affect the terms of payment unless your spouse dies before you. If your spouse died before you, your benefit will be recalculated in the Single Life benefit form using the benefit formula that was in effect at the time you retired, plus any benefit adjustments for retirees effective on or after that date, and you will receive benefits in the amount and form of the rest of your life.

Optional Joint and Survivor Forms

If you are married at the time you retire and apply for benefits, the Optional Joint and Survivor benefit options are the 75% or 100%, which are **not** your Qualified Joint and Survivor Annuity benefit, as described above, are optional Joint and Survivor forms. These forms, with the exception of the 50% are not available to you unless your spouse consents to your waiver of the Qualified Joint and Survivor Annuity form. Under an optional Joint and Survivor form, a benefit is payable to you each month for the rest of your life, and if your spouse survives you, your spouse will receive the corresponding percentage of the amount you have been receiving for the rest of your spouse's life.

Depending on the last day you were active and the Joint and Survivor benefit that is your Qualified Joint and Survivor Annuity benefit, the monthly benefit may be reduced from the Single Life form. The amount of the reduction, if any, is based on your age, your spouse's age and the date your benefits commence, and it accounts for the fact that the Fund is obligated to pay the corresponding percentage of benefits to your spouse after your death if your spouse is still living then.

Once benefits commence under an optional Joint and Survivor form, neither you nor your spouse may change the form and no event such as a divorce, death or remarriage will affect the terms of payment unless your spouse dies before you. If your spouse dies before you, your benefit will be recalculated in the Single Life benefit form using the benefit formula that was in effect at the time you retired, plus any benefit adjustments for retirees effective on or after that date, and you will receive benefits in that amount and form for the rest of your life.

Single Life Form

The Single Life benefit form is payable each month for the rest of your life after retirement. It does not have the possibility of continuing monthly payments to somebody else after your death, which all of the other four options have. As explained above, if you are married at the time your benefits are to commence, the Single Life form is not available to you unless your spouse consents to your waiver of the Qualified Joint and Survivor Annuity form. Once benefits commence under the Single Life form, the form of benefit cannot be cancelled or changed.

Life-Ten Year Certain Form

Under the Life-Ten Year Certain Benefit form, a reduced benefit is payable to you each month for the rest of your life. If you die before you have received 120 payments (ten years' worth), the person you designate as your beneficiary will receive the benefit each month until the total number of benefit payments made to you and your beneficiary is 120. The amount of reduction depends on your age at the time your benefits commence. If your benefits commence before you qualify for normal or unreduced early retirement benefits, then your monthly pension benefit would be first reduced by the appropriate factor based on your age at the time benefits commence. You may change your designated beneficiary at any time before 120 monthly payments have been made; but, if you were married at the time you retired, your spouse must consent in writing to your designation of a new beneficiary. Should your beneficiary die before you have received 120 monthly payments, you may designate a new beneficiary, subject to your spouse's consent, if applicable. Should both you and your beneficiary die before 120 monthly payments have been made, the commuted value of the remaining payments required to reach a total of 120 will be calculated and paid in a lump sum to one or more of your relatives designated in the Pension Plan or to your estate. If you are married at the time your benefits are to commence, the Life-Ten Year Certain form is not available to you unless your spouse consents to your waiver of the Qualified Joint and Survivor form. Once benefits commence under the Life-Ten Year Certain form, it cannot be cancelled or changed.

ALL OF THE FORMS OF BENEFITS EXPLAINED ABOVE ARE SUBJECT TO THE PLAN'S SUSPENSION OF BENEFIT PROVISION, AS DESCRIBED IN THE SUMMARY PLAN DESCRIPTION.

Form of Benefit Election

I hereby acknowledge that I understand my rights to benefits from the Bricklayers Pension Trust Fund – Metropolitan Area. I hereby elect to receive my monthly benefits in the form indicated below.

I understand that, if I am NOT married on my effective date, I will receive my benefits in the Single Life Form UNLESS I elect another form of benefit.

I hereby acknowledge that I understand that as a MARRIED participant, my spouse must give his/her written consent in order to make an Election of Single Life Form or Life-Ten Year Certain.

- 50% Joint and Survivor form.**
- 75% Joint and Survivor form.**
- 100 % Joint and Survivor form.**
- Single Life form.**
- Life-Ten Year Certain form, under which I designate:** _____
Relationship to beneficiary: _____
Beneficiary's Address: _____

Beneficiary's Social Security Number: _____

Participant's Signature _____
Date

Spousal Consent to Waive Qualified 50% Joint and Survivor Form

(Required for married participants who elect any form of benefit other than the 50% J&S)

I am the legal spouse of _____. I acknowledge that I have been informed that my spouse wishes to reject the normal form of benefit (the 50% Qualified Joint and Survivor Annuity form) and, instead, elect a different form of benefit under the Bricklayers Pension Trust Fund – Metropolitan Area. I hereby consent to the election of my spouse to waive the Qualified Joint and Survivor Annuity form of benefit, and I acknowledge and understand that (1) my spouse cannot waive my right to be protected under the Qualified Joint and Survivor Annuity form of benefit unless I consent to my spouse's waiver by signing this form in the presence of either an authorized representative of the Fund or a Notary Public; (2) if my spouse elects the Single Life form, I will not receive any benefits from the Bricklayers Pension Trust Fund – Metropolitan Area after my spouse's death, and (3) after the effective date of my spouse's retirement, my consent is irrevocable.

If the Qualified Joint and Survivor Annuity form is waived and the Single Life form is elected, the surviving spouse will not receive any monthly pension after the death of the Participant.

Signature of Participant's Spouse

Date

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,
This _____ day of _____, 20_____

Notary Public, _____
State of _____
My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



Election to Waive 50% Qualified Joint and Survivor Annuity Form of Benefit

(Married participants ONLY)

I, _____, hereby acknowledge that I have been informed that the normal form of benefits payable to me is the 50% Joint and Survivor form (“Qualified Joint and Survivor Annuity Form”). I understand that I have the right to waive that form and provided that my spouse consents in writing to both the waiver and the election, to elect a 75% or 100% Joint and Survivor form of benefit, a Single Life or a Life-Ten Year Certain form of benefit. I understand the financial effect of waiving the Qualified Joint and Survivor Annuity form (an estimate of which has been calculated and explained to me), and I understand that (1) if I elect the Single Life form of benefit, no further benefits will be payable from the Fund to my surviving spouse, or any other individual, after my death; (2) I may revoke this or any waiver prior to my effective date; and (3) after the effective date of my retirement, my waiver is irrevocable.

I elect to waive the Qualified Joint and Survivor Annuity form of pension payment.

If the Qualified Joint and Survivor Annuity form is waived and the Single Life form is elected, the surviving spouse will not receive any monthly pension after the death of the Participant.

*Notice to Notaries: Federal law (i.e., the Retirement Equity Act of 1984) requires that the above Waiver must be executed in the presence of an authorized Pension Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signatures identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.

Participant’s Signature

Date

Place Notary Stamp/Seal Here

Authorized Plan Representative or Notary Public

Subscribed to and sworn to before me,
This _____ day of _____, 20____

Notary Public, _____

State of _____

My Commission expires _____

***Notice to Notaries:** Federal Law (i.e., the Retirement Equity Act of 1984) requires that the above Form must be executed in the presence of an authorized Plan representative or a Notary Public. Accordingly, it is most important that you not only witness the actual signature identified above, but also examine their credentials to satisfy yourself that they are, in fact, the same persons as the ones identified.



DIRECT DEPOSIT AGREEMENT

Name of Payee _____ Social Security No _____

Address _____

City _____ State _____ Zip _____

Telephone No () _____

Bank Account Information – Attach a voided check from your account and/or complete the information below. See sample check at the bottom of the page for help completing this section. **PLEASE PRINT CLEARLY.**

Routing No. Account No. _____

Type of Account: Checking Savings

Financial Institution

Name _____

Address _____ Telephone Number _____

City _____ State _____ Zip _____

I, the undersigned, hereby authorize the Board of Trustees of the Pension Trust Fund (“the Pension Fund”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named above. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If at any time the Pension Fund should credit my account for a benefit to which I am not entitled, I authorize and direct the Financial Institution to refund the Pension Fund.

Payee Signature _____

Date _____

Please allow up to 45 days for the direct deposit set-up process to be completed.

ATTENTION Surviving Spouses, Beneficiaries, and Alternate Payees: You are receiving this pension benefit as a Beneficiary of a Participant in the pension fund, therefore, please write the name and social security number of that Participant below:

Participant: _____ Social Security No. _____

**RETURN FAX#
248-721-9678**

The sample check is from RUFUS MAPLE and MARY MAPLE at 123 Main Street, Anyplace, LA 70000. The check is payable to the order of a blank box. The routing number is 250250025 and the account number is 20202086. The check number is 1234. Annotations include: 'Routing number (line 23b)' pointing to 250250025, 'Account number (line 23d)' pointing to 20202086, and 'Do not include the check number' pointing to 1234. A watermark 'SAMPLE' is visible across the check.

Note: The routing and account numbers may be in different places on your check.

1200



“Return to Work” Provision

These are the provisions of the Pension Plan Governing Suspension of Pension Benefits for returning to work at the Bricklayers’ Trade. Under these provisions, Pension Benefits being paid to retired participants may be suspended only if **ALL** of the following conditions are met:

1. A retiree is working 40 or more hours during any given month (or during the payroll periods falling within that month), and
2. The work is in the same industry as the type of business activity engaged in by employers who contribute to the Plan even though his employer may not be a contribution employer (e.g. non-union), and
3. The work is at the same trade of craft in which the retiree was working when he earned benefits under the Plan. (Self-employed work as well as supervisory or managerial work can be considered as a return to work so long as the retiree is using the same skill or skills he acquired while he worked under a union collective bargaining agreement), and
4. Such employment is within the State of Michigan.

The suspension is applicable until the April 1st following the calendar year in which you reach age 70 ½. Thereafter, you may both work and receive your monthly pension.

Under the provisions of the Plan, every retiree **is required** to notify the Fund Office immediately if he returns to work in any capacity regardless of whether he returns to work for a non-contributing (e.g. non-union) employer or in a self-employed capacity. Failure to notify the Fund Office in a timely manner of return to work may subject the retiree to possible Suspension of his current and/or future benefits from the Pension Fund.