

WASHINGTON, D.C. CEMENT MASONS PENSION TRUST FUND

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Troy, MI 48099

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WASHINGTON, DC

**APPLICATION
FOR PENSION**

(PLEASE PRINT ALL INFORMATION CLEARLY)

(PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION)

This booklet includes a brief description of some of the provisions of the Pension Plan. For more detailed and specific provisions of the Plan you should refer to the Summary Plan Description for an everyday language description of the plan and refer to the plan itself for a more technical description of the plan provisions, which are controlling.

Enclosure: Tax Form W-4P, Direct Deposit Form

Washington, D.C. Cement Masons Pension Trust Fund
PO Box 1647
Troy, MI 48099
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Procedure for Starting Your Pension Benefit

Before your pension payments can begin, you must complete the Pension Application Form and the Benefit Election Form and return them to the Fund Office.

The Benefit Election Form must be completed within the 180-day period prior to your Benefit Commencement Date ("Benefit Commencement Date" is the date you want your pension to start - *not the date you receive your first pension check*. This is usually later than the Benefit Commencement Date due to the administrative delay in getting your benefit started. For a more complete description of this term, see the first page of the Benefit Election Form). If you complete the Benefit Election Form before the 180-day period begins, a new Benefit Election Form must be completed. If you complete the Benefit Election Form on or after your intended Benefit Commencement Date, it may be necessary for you to choose a later Benefit Commencement Date. For more information, please contact the Fund Office.

Before you complete the Benefit Election Form, it is important that you understand the various forms of pension payments available to you. The Explanation of Forms of Pension Payment has been prepared to help you become familiar with the forms. The explanation includes information showing the relative financial effect of electing various forms of pension payment.

As you can see from the above, it will generally be necessary for you to furnish the Fund Office with your completed Pension Application Form and your Benefit Election Form before your Benefit Commencement Date. Because of this, it will ordinarily not be possible for the Fund Office to provide you with actual benefit information prior to completing the forms. If you wish to receive actual benefit information it may delay your Benefit Commencement Date.

Sincerely,

The Board of Trustees

PENSION APPLICATION

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of proof of age listed below must be furnished. Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photostatic copy of proof of age, except that you are cautioned that photostats of NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS are not permitted. If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth certificate.
2. 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. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security pension.
7. A foreign church or government record.
8. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy, which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, driver's license, etc.

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PART I PENSION APPLICATION (PLEASE PRINT OR TYPE)

1. NAME <i>(Last, First, Middle)</i>	2. SOCIAL SECURITY NO.	3. DATE OF BIRTH	
4. HOME ADDRESS (Number, Street or Rural Route)	5. TELEPHONE NUMBER Home: Cell:		
6. CITY, TOWN OR POST OFFICE BOX	STATE	ZIP	7. LOCAL UNION NO.
8. DATE YOU PLAN TO RETIRE <i>(month, day, year)</i>	9. ARE YOU WORKING AT THE PRESENT TIME? <input type="checkbox"/> YES <i>(Name of present employer)</i> _____ <input type="checkbox"/> NO <i>(Name of last employer)</i> _____		
10. DATE YOU STOPPED WORKING OR PLAN TO STOP WORK:			
11. SPOUSES'S INFORMATION			
NAME:	SSN:	DATE OF BIRTH:	
12. TYPE OF PENSION REQUESTING <input type="checkbox"/> NORMAL <input type="checkbox"/> EARLY <input type="checkbox"/> LATE <input type="checkbox"/> DISABILITY* <div style="text-align: right;"><i>*Complete disability section below</i></div>			

DISABILITY PENSION

13. NATURE OF DISABILITY <i>(Attach medical report from your physician)</i>	14. DATE DISABILITY OCCURRED
	15. DATE ON WHICH YOU CEASED WORKING <i>(month, day, year)</i>
16. HAVE YOU APPLIED FOR A SOCIAL SECURITY AWARD? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, attach a copy of award to this application.</i> <i>If NO, you must apply to Social Security and receive award before action can be taken.</i>	
17. IS THIS DISABILITY COVERED BY THE WORKER'S COMPENSATION LAW? <input type="checkbox"/> YES <input type="checkbox"/> NO	
18. ARE YOU NOW RECEIVING WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a copy of award to this application)</i>	
19. DO YOU HAVE A CLAIM PENDING FOR WORKER'S COMPENSATION BENEFITS? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If YES, attach a separate sheet of paper with details concerning this claim)</i>	
20. HAVE YOU RECEIVED A WORKER'S COMPENSATION LUMP SUM SETTLEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please enter the amount \$</i>	

PART II - A

EXPLANATION OF PENSION PAYMENT OPTIONS

INTRODUCTION

The Plan provides five (5) forms of pension benefits described below: 1) 24 Payment Guarantee Benefit, 2) 120 Payment Guarantee Benefit, 3) 50% Joint and Survivor Benefit, 4) 75% Joint and Survivor Benefit, or 5) 100% Joint and Survivor Benefit. For various personal reasons, you may prefer to take your pension in some other way than you would automatically receive it under the terms of the Plan. Your choice must be made in writing before your Benefit Commencement Date (For a description of this term, see the first page of the Benefit Election Form). You can cancel or change your choice at any time before your Benefit Commencement Date. If you are married, your spouse must consent to your choice if it is the 24-Payment Guarantee Benefit or the 120 Payment Guarantee Benefit. In addition, you have the right to decide not to begin receiving your pension at any time prior to the Benefit Commencement Date.

BASIC FORM - 24 - PAYMENT GUARANTEE BENEFIT (Option 1)

The Plan's basic benefit provides a monthly pension payable to you for the rest of your life or until a total of 24 monthly payments have been made to you and your beneficiary. This is called 24-Payment Guarantee Benefit. The monthly payments being made to you under the 24-Payment Guarantee Benefit would be larger than those made under the Joint and Survivor Benefit. However, after your death no benefit would be payable to any beneficiary, if you have already received 24 monthly payments of your pension.

If you are not married on your Benefit Commencement Date, you will automatically receive your pension under the 24-Payment Guarantee Benefit unless you elect otherwise. However, if you are married on your Benefit Commencement Date, your pension will automatically be paid under the 50% Joint and Survivor Benefit unless you reject this form and elect another form of payment with your spouse's consent

50% JOINT AND SURVIVOR BENEFIT (Option 2)

This type of pension means you would receive a reduced pension during your lifetime, with a percentage of your pension being continued to your spouse for the rest of his or her lifetime. You can choose to have 50% of your reduced pension paid to your spouse after your death. As mentioned above, if you are married, your pension is automatically paid as the 50% Joint and Survivor Benefit, unless you choose another form of payment, with your spouse's consent.

If the 50% Joint and Survivor Benefit applies to you, the amount which would have been payable under the 24-Payment Guarantee Benefit will be reduced by the joint and survivor factor. The reduction also depends upon your age and the age of your beneficiary on your Commencement Date. The examples on pages 5 and 6 provide the reduction that may be expected in the 24-Payment Guarantee Benefit under the 50% Joint and Survivor Benefit percentage.

75% JOINT AND SURVIVOR BENEFIT (Option 3)

This type of pension means you would receive a reduced pension during your lifetime, with a percentage of your pension being continued to your spouse for the rest of his or her lifetime. You can choose to have 75% of your reduced pension paid to your spouse after your death. As mentioned above, if you are married, your pension is automatically paid as the 75% Joint and Survivor Benefit, unless you choose another form of payment, with your spouse's consent.

If the 75% Joint and Survivor Benefit applies to you, the amount which would have been payable under the 24-Payment Guarantee Benefit will be reduced by the joint and survivor factor. The reduction also depends upon your age and the age of your beneficiary on your Commencement Date. The examples on pages 5 and 6 provide the reduction that may be expected in the 24-Payment Guarantee Benefit under the 75% Joint and Survivor Benefit percentage.

100 % JOINT AND SURVIVOR BENEFIT (Option 4)

This type of pension means you would receive a reduced pension during your lifetime, with a percentage of your pension being continued to your spouse for the rest of his or her lifetime. You can choose to have 100% of your reduced pension paid to your spouse after your death. As mentioned above, if you are married, your pension is automatically paid as the 50% Joint and Survivor Benefit, unless you choose another form of payment, with your spouse's consent.

If the 100% Joint and Survivor Benefit applies to you, the amount which would have been payable under the 24-Payment Guarantee Benefit will be reduced by the joint and survivor factor. The reduction also depends upon your age and the age of your beneficiary on your Commencement Date. The examples on pages 5 and 6 provide the reduction that may be expected in the 24-Payment Guarantee Benefit under the 100% Joint and Survivor Benefit Percentage.

120 PAYMENT GUARANTEE BENEFIT (Option 5)

This type of pension means you would receive a reduced pension during your lifetime with the provision that, in the event that you should die before having received your pension for a period of 120 payments your designated beneficiary will continue to receive monthly benefits until a total of 120 payments have been made, starting with your Benefit Commencement Date.

If you are not married on your Benefit Commencement Date, you will automatically receive your pension under the 24-Payment Guarantee Benefit unless you elect otherwise. However, if you are married on your Benefit Commencement Date, your pension will automatically be paid under the 50% Joint and Survivor Benefit unless you reject this form and elect another form of payment with your spouse's consent.

50% Joint & Survivor Benefit

88% of the 24-Payment Guarantee Benefit if participant and spouse or beneficiary are both same age (if spouse or contingent annuitant is within five (5) years of age of participant).

minus (-) 1% for each complete year or part thereof participant is more than 5 (five) years younger than spouse or beneficiary.

plus (+) 1% for each complete year or part thereof participant is more than 5 (five) years older than spouse or beneficiary.

75% Joint & Survivor Benefit

84% of the 24-Payment Guarantee Benefit if participant and spouse or beneficiary are both same age (if spouse or contingent annuitant is within five (5) years of age of participant).

minus (-) 1% for each complete year or part thereof participant is more than 5 (five) years younger than spouse or beneficiary.

plus (+) 1% for each complete year or part thereof participant is more than 5 (five) years older than spouse or beneficiary.

100% Joint & Survivor Benefit

80% of the 24-Payment Guarantee Benefit if participant and spouse or beneficiary are both same age (if spouse or contingent annuitant is within five (5) years of age of participant).

minus (-) 1% for each complete year or part thereof participant is more than 5 (five) years younger than spouse or beneficiary.

plus (+) 1% for each complete year or part thereof participant is more than 5 (five) years older than spouse or beneficiary.

120 Payment Guarantee Benefit

90% of the 24-Payment Guarantee Benefit decreased by 1% for each year, or part thereof, by which the participant's Benefit Commencement Date follows his sixty-fifth (65th) birthday.

EXAMPLES

Assumptions: 24-Payment Guarantee Benefit = \$1,000

Spouse Age = 59 years

Participant Age = 65 years

Spouse is 6 complete years younger than participant

50% JOINT & SURVIVOR

\$1,000 x 87%

Monthly Benefit to Participant
While Both Participant &
Spouse Alive

\$870.00

Monthly Benefit to Spouse if
Participant Predeceases Spouse
After You Begin Receiving Benefits (50% of \$870)

\$435.00

75% JOINT& SURVIVOR

\$1,000 x 84%

Monthly Benefit to Participant
While Both Participant &
Spouse Alive

\$840.00

Monthly Benefit to Spouse if
Participant Predeceases Spouse
After You Begin Receiving Benefits (75% of \$840)

\$630.00

100% JOINT & SURVIVOR

\$1,000 x 79%

Monthly Benefit to Participant
While Both Participant &
Spouse Alive

\$790.00

Monthly Benefit to Spouse if
Participant Predeceases Spouse
After You Begin Receiving Benefits

\$790.00

120 PAYMENT GUARANTEE BENEFIT

\$1,000 x 90%

Monthly Benefit Payable for the Lifetime
of the Participant with 120 Payments Guaranteed

\$900.00

Part II – B

**Benefit Election
Pension Payment Options**

Section A - Personal (To be completed by All Participants)

Name of Participant _____

Benefit Commencement Date _____ (the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Section B – Payment Options (To be completed by All Participants) (Initial One Line Below)

____ Option 1 - 24 Payment Guarantee Benefit ____ Option 4 - 100 % Joint and Survivor Benefit

____ Option 2 - 50% Joint and Survivor Benefit ____ Option 5 - 120 Payment Guarantee Benefit

____ Option 3 – 75% Joint and Survivor Benefit

Section C – Beneficiary Designation

Name of Primary Beneficiary:

Address _____

Related to Me As:

Date of Birth Primary Beneficiary:

(attach proof of age)

**Section D – Contingent Beneficiary Designation
(To be completed if Option A automatically
applies or is elected.)**

In the event that the Primary Beneficiary designated in Section C does not survive me or dies prior to Receiving all payments to be made under the Plan, payments (or remaining payments) shall be made to:

Name of Contingent Beneficiary:

Address _____

Related to Me As:

NOTE: Your spouse must consent to the designation of any beneficiary other than your spouse. Your spouse must also consent to any changes in beneficiary.

Section E - Certification of Marital Status (To be completed by All Participants)

I understand that the law provides that if I am married at the time I begin receiving my pension under the Plan, my spouse must be provided a pension for his or her life after I die unless my spouse and I elect to waive the spousal benefit within the 90-day period ending on my Benefit Commencement Date. I understand that this spousal benefit is automatically provided under Form B with my spouse as beneficiary. Finally, I understand that I may revoke my election at any time before my Benefit Commencement Date.

I certify that: (Please initial one)

_____ I have never been married.

_____ I am not legally married at this time. In the event I marry on or before my Benefit Commencement Date, I will notify you. (Please provide the Fund offices with a copy of divorce decree, separation agreement, or death certificate if you have ever been married.

_____ I am unable to locate my spouse. (The Fund Office will contact you to obtain additional information.)

_____ The person signing Section G – Spousal Consent to Waiver of Joint and Survivor Benefits – is my legal spouse. (Attach a marriage certificate)

Section F - Signature (To be completed by All Participants)

I acknowledge that I have completed Section A, Section B and Section C; and Section D, if Option 1 or 5 applies.

I hereby certify that the information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Sign Your Name

Date

Print Your Name

Date

Signature of Witness

Date

NOTE: Your witness must be someone other than your spouse or beneficiary.

I, _____, understand that the law requires that I be the recipient of lifetime survivor benefits equal to at least 50% of my spouse's lifetime benefit, unless I consent to my spouse's election to waive such benefit. I also understand that lifetime survivor benefits are provided under Option 2, 3 and 4; however Option 1 or 5 has been elected. I consent to the waiver of the lifetime survivor benefits and the election of Option _____ (insert Option 1 or 5). ***I understand that the effect of the waiver is to cause me to give up my survivor benefit protection.*** I also consent to the Primary Beneficiary and Contingent Beneficiary selected under Section C and Section D. I certify that I am the legal spouse of the Participant.

Date _____

☐ A _____
Name and Title of Plan Representative (Please Print)

☐ B State of _____
County of _____

On this _____ day of _____, 2____, I, _____
hereby certify that _____ personally appeared before me on this
day and acknowledged the due execution of the foregoing instrument.

Given under my hand and official seal this _____ day of _____ 2____.

My commission expires _____.

Notary Public

(SEAL)

WASHINGTON, D.C. CEMENT MASONS WELFARE AND PENSION FUNDS

Retired Employee Benefits Election Form

The following election form should be signed by you after making your decision concerning continuation of coverage as a retiree.

You must make your selection within 180 calendar days of your pension benefit commencement date.

CHECK ONLY ONE BOX!

- ☐ I hereby authorize the deduction from my pension check of \$_____ for medical coverage under the Washington, D.C. Cement Masons Welfare Fund (the "Fund"). I make this authorization voluntarily and understand that it may be revoked at any time. By this authorization, I am not assigning my monthly benefit or any portion thereof, to the Fund. I understand that the Fund has no right enforceable against the Washington, D.C. Cement Masons Pension Fund (the "Pension Fund") to any part of my pension benefit, except to the extent of payments actually received.
- ☐ I do want to receive the retired employee medical benefits, but I will make payments monthly in advance to the Fund Office myself and not through the Pension Fund. I understand that retiree health benefits will be terminated for me and/or my spouse if I fail to make my monthly payments to the Fund Office before the first of each month.*
- ☐ I do not want to receive retired employee medical benefits.

Date: _____ Signature of Pensioner: _____

* It is your responsibility to see that monthly payments are made on time.