



BRICK MASONS TRUST FUNDS

Bricklayers Local No 4 Southern California

P.O. Box 430 • West Covina, CA 91793

877-516-0586 • Facsimile 626-931-1368

www.bac4cabenefits.org

APPLICATION FOR NORMAL OR EARLY RETIREMENT BENEFITS

I hereby apply, under the Plan of the BRICK MASONS TRUST FUNDS, for:

Normal Retirement Benefits

Early Retirement Benefits or **Disability Retirement Benefits**
(Social Security Award Letter Required)

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

Please note, this application will be valid only if returned to the Fund Office within 90 days of your effective date.

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

Your Social Security Number

Your Spouse's Social Security Number

Your First Name

Middle

Last

Your Spouse's First Name

Middle

Last

Your Date of Birth

Your Spouse's Date of Birth

Address: Street

City

State Zip Code

Phone Number

Current Local Union No. (if any) and Initiation Date

The date you last worked or the date you last expect to work before retirement is _____.
If you have had any contributions made on your behalf to another Pension Fund signatory to the International Reciprocal Agreement for BAC Defined Benefit Plan, please complete the following:

Name of Fund _____

Location of Fund _____

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

Name of Last Contributing Employer _____ Phone No. _____
(Please attach separate sheet for additional Local or Fund information)

CONTIGUOUS NON-COVERED EMPLOYMENT

(Complete only if applicable)

Under the provisions of the Plan, employment you may have had with a contributing employer(s) in a capacity other than one which required contributions to the Fund on your behalf may, under certain conditions, be considered for vesting purposes. This non-covered employment is subject to verification. If you have ever worked in such a capacity, please complete the following:

Name of Employer	Period Worked	Capacity

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 your 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” (form DD-214) letter.

Date of entry _____ Date of discharge _____

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

Mail benefit checks to me at:

Address Line 1

Address Line 2

CERTIFICATION

I hereby certify that all of the information furnished by me on this application form 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 that 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 of 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).

Your Signature _____ **Date** _____

CERTIFICATION OF MARITAL/SINGLE 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, and providing ALL documentation requested, will result in a delay of the processing of your application.**

Your Name: _____ SSN: _____

Current marital status:

- SINGLE, NEVER MARRIED
- SINGLE, PREVIOUSLY MARRIED*
- MARRIED, NO PREVIOUS MARRIAGES
- MARRIED, WITH PREVIOUS MARRIAGE(S)*
- LEGALLY SEPARATED

*If you have had previous marriages, please list the names of your ex-spouses, the date(s) of marriage and date(s) of divorce (if any of your previous marriages ended due to the death of your spouse at the time, please list the date of death):

Ex-Spouse's Name Date of Marriage Date of Divorce/Death

Please provide complete copies of ALL marriage certificates, divorce decrees, separation agreements, Qualified Domestic Relations Orders and any other accompanying documents related to the termination of your previous marriage(s). If any previous spouses have 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.

Your Signature

Date

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE AND MARRIAGE

The acceptable proofs of age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I below if it is available or can possibly be obtained since the documents listed in Group I are the more convincing proofs of age.

You are cautioned, however, that Naturalization Papers, Untied States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original document. After your application has been reviewed by the Board, your document will be returned to you by Certified Mail.

GROUP I – Submit *one* document from this classification.

1. A birth certificate
2. A baptismal certificate or a statement as to the date of birth shown on 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. A foreign church or government record
7. A signed statement by the Physician or mid-wife who was in attendance at birth, as to the date of birth shown on their records
8. Naturalization record (Please submit original document)
9. Immigration papers (Please submit original document)

If you cannot submit a document from the GROUP I classification, then submit TWO proofs from the documents listed in GROUP II below. These may also be originals or photocopies.

GROUP II – Submit *two* documents from this classification.

10. Military record showing date of birth
11. Passport (Please submit original document)
12. School records, certified by the custodian of such record
13. Vaccination record, certified by the custodian of such record
14. An insurance policy which shows the age or date of birth
15. 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)
16. Other evidence such as signed statements from persons who have knowledge of the date of birth

All original documents submitted will be returned to the applicant.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

GROUP III – The acceptable proofs of your marriage are listed below:

17. Marriage certificate
18. Church record certified by the custodian of such record