

Bricklayers and Allied Craftsmen Local No. 11 of California Pension Trust Fund

PENSION APPLICATION DEFINED CONTRIBUTION PLAN

Participant Information

1. Name _____

2. Address _____
Number and Street _____

City _____ State _____ Zip Code _____
Home Phone _____

3. Social Security Number _____

4. Date of Birth _____ **(Attach Proof of Age – Page 4)**

5. Marital Status: Married _____ Date of Marriage _____
(Provide a copy of marriage certificate)

Unmarried _____ Divorced* _____ Legally Separated* _____

Have you had any previous marriages? Yes _____ No _____

*Complete the following:

(1) Dates of Previous Marriage: _____ to _____

(2) Court and Case No.: _____

(3) Attach copy of Family Law Decree or QDRO affecting your retirement benefits.

If you are currently married, but were previously divorced, complete the previous section. Attach
separate sheet if you have been divorced more than once.

If a previous spouse is deceased, were you married at time of death? Yes _____ No _____

6. Current Spouse's Name _____ Date of Birth _____

7. Spouse's Social Security Number _____

8. Date you want pension to start: Month _____ Year _____

9. **List below the last day you performed any work in the trade in San Diego or Imperial Counties and Employer for whom you worked:**

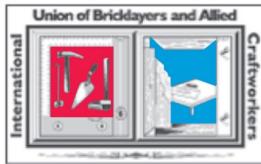
Date _____ Employer's Name and Address _____

Mailing Address: P.O. Box 430 • West Covina, CA 91793

1050 Lakes Drive, Suite 120 • West Covina, CA 91790

Phone: (626) 646-1080 • Toll-Free (877) 516-0586 • Fax (626) 931-1368

www.socalbrickmasonsbenefits.org • staff@socalbrickmasonsbenefits.org



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PENSION APPLICATION

TYPE OF PENSION

10. If eligible, I want to apply for (**check one**):

Normal Pension _____ (Age 55 or over)

Early Retirement Pension _____

Disability Pension _____

11. If you are applying for an Early Retirement Pension, state:

(a) Current occupation _____

(b) Name and address of Employer _____

A COPY OF YOUR TAX RETURNS FOR THE LAST TWO YEARS (ONE YEAR FOR AGES 45-55), ALONG WITH ALL W-2'S, MUST ACCOMPANY YOUR APPLICATION FOR EARLY RETIREMENT. IF YOU CANNOT PROVIDE TAX RECORDS, WE REQUIRE A SOCIAL SECURITY PRINTOUT OF YOUR EARNINGS SHOWING ALL EMPLOYERS FOR YOUR LAST THREE YEARS OF EMPLOYMENT. THE SOCIAL SECURITY ADMINISTRATION MAY EXPEDITE YOUR REQUEST IF YOU SPECIFY THAT IT IS IN CONNECTION WITH A PENSION APPLICATION.

12. If you are applying for a Disability Pension, state:

(a) Approximate date you became totally disabled _____

(b) Nature of your disability _____

(c) Are you receiving Social Security Disability Benefits?

No _____ Yes _____ (If yes, attach a copy of the Award)

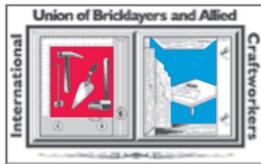
FOR A DISABILITY PENSION, YOU MUST SUBMIT A DOCTOR'S WRITTEN VERIFICATION OF YOUR 70% OR MORE DISABILITY FOR THE TRADE.

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13. I would like my pension monies to be distributed as follows: **(Check one)**

Installment Payout --- Amount \$ _____ Frequency: _____

Purchase Annuity

Lump Sum Full Payout Lump Sum Partial Payout \$ _____

Lump Sum Rollover

PENSION APPLICATION

I hereby apply for a Pension from the Bricklayers' Local Union No. 11 of California Pension Plan and acknowledge all choices and designations are made voluntarily.

I certify under penalty of perjury that all the above statements are true and correct.

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. I understand that any clerical or other error made that results in any payment to which I am not entitled under the terms of the Plan will be promptly repaid. The Board of Trustees reserves the right to audit pension computations according to the terms of the Plan, to adjust pension computations retroactively, and to recover overpayments.

I further understand that no person has authority to make an oral statement or assurance or promise to vary the terms of the Pension Plan or Trust and I am not relying on any oral or other statement of any person in submitting this application.

Date _____

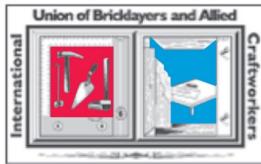
Participant's Signature _____

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INSTRUCTIONS FOR PROOF OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing. If you cannot submit a proof in the Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original. It will be returned to you. Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

GROUP I

1. A birth certificate.
2. A baptismal certificate or statement as to the date of birth shown by a Church record, certified by custodian of records.
3. Notification of registration of birth in a public registry or vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record certified by custodian of records.
6. A foreign church or government record.
7. A signed statement by the Physician or midwife who was in attendance at birth, as to the date shown on their records.
8. Naturalization record. (Photocopy not permitted)
9. Immigration papers. (Photocopy not permitted)

GROUP II

10. Military record.
11. Passport. (U.S. passport may not be photocopied)
12. School record certified by the custodian of such records.
13. Vaccination record, certified by the custodian of records.
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 records; or marriage certificate).
16. Other evidence such as signed statements from persons who have knowledge of the date of birth.

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