

BRICK MASON'S 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

PRELIMINARY APPLICATION FOR DISTRIBUTION OF INDIVIDUAL ACCOUNT

INSTRUCTIONS:

1. Read each question carefully
2. Please PRINT your answers to applicable questions
3. Please date and sign the application
4. Attach sufficient evidence of your birth date
5. Mail completed application to: Brick Masons Trust Funds • P.O. Box 430 • West Covina, CA 91793
6. A Benefit Election Form will be sent to you after we receive this application

Name of Employee _____
Last _____ First _____ Middle Initial _____

Address _____
Number and Street _____ City _____ State and Zip Code _____

Social Security No. _____ Phone No. _____

Date of Retirement _____ Date of Birth _____

Marital Status: Never Married Married, no previous marriages Separated*
 Widowed Divorced, have not remarried* Married, with previous marriage(s)*

If you are currently married, please provide a copy of your current marriage certificate and your current spouse's birth certificate.

*** If you are divorced or widowed, it is necessary that you submit proof of such. Appropriate proof would be a copy of your Judgment of Divorce, including property settlement agreement, Qualified Domestic Relations Order, if any, or a copy of your spouse's death certificate, as applicable. Please Note: This information is required on ALL Divorce Actions.**

Spouse's Name _____
If no spouse, or if your spouse has waived their rights, please list other beneficiary _____

Spouse's Social Security No. _____ Spouse's Date of Birth _____

PLEASE ATTACH A BIRTH CERTIFICATE OR PROOF OF DATE OF BIRTH FOR YOURSELF AND SPOUSE OR BENEFICIARY (See reverse side for other acceptable proofs of date of birth)

Date last worked, or will work _____ Name of Employer _____

Address of Employer _____

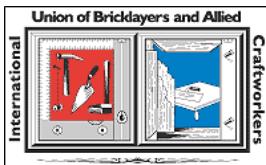
I am requesting distribution of my Individual Account for the following reason (check one):

____ Retirement (Attainment of age 55 or older and termination of employment)
____ Termination of employment - no work in covered employment for twenty-four (24) consecutive months
____ Disability (Attach photocopy of Social Security Disability Award Letter)

I hereby apply for distribution of my Individual Account from the Brick Masons Trust Fund. I understand that benefits cannot be paid until ninety (90) to one-hundred-eighty (180) days after I return the Benefit Election form.

I declare under penalty of perjury that all of the information contained in this application is true and correct. I understand that the Trustees have the right to recover any payment made to me because of any erroneous information contained in this application.

Signature of Employee _____ Date _____



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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.

1. Military record showing date of birth
2. Passport (Please submit original document)
3. School records, certified by the custodian of such record
4. Vaccination record, certified by the custodian of such record
5. An insurance policy which shows the age or date of birth
6. 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)
7. 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:

1. Marriage certificate
2. Church record certified by the custodian of such record