

# BRICKLAYERS LOCAL NO. 43 PENSION PLAN

33 Fitch Boulevard  
Austintown, Ohio 44515  
(330) 270-0453 (800) 435-2388



Name \_\_\_\_\_

SSN \_\_\_\_\_

This is your application for Pension Benefits. Complete this form and mail it to the Administrative Office.

It is recommended that your application and the best possible proof of age which you can obtain should be sent to this office at least 1 month in advance of the month on which you want your pension benefit payments to begin.

The accuracy and completeness of the information you send to us will speed the processing of your application and provide faster payment of the benefits to which you may be entitled. Please answer all questions carefully and we would like to refer particular attention to the various forms of retirement income payments, as explained under Section III on Page 3.

If any further information is required you will be advised by the Administrative Office. You also will be notified by letter of the decision of the Pension Board regarding your application.

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## SECTION I--TYPE OF PENSION

<u>If eligible, I want to retire on a</u>		<u>To be eligible you must:</u>	
<u>Check one</u>	<u>Type of Pension</u>	<u>be at least</u>	<u>and meet this minimum</u> <u>pension credit requirement</u>
A. ____	Normal	62 or over	5 or more years of service
B. ____	Early	55 to 62	5 or more years of Service
C. ____	Disability	No age	10 years of service, actively participating in the Plan, and awarded a disability benefit by Social Security Administration.

If you checked Disability, you must provide a copy of your Social Security Disability Award Letter.

\*These are the general rules. The Plan contains the specific requirements which apply for each type of pension.

**SECTION II -- PERSONAL INFORMATION**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Permanent mailing address \_\_\_\_\_  
Number and Street

\_\_\_\_\_ City and State Zip code

Telephone Number \_\_\_\_\_ Local Union No. \_\_\_\_\_

Date of birth \_\_\_\_\_ Last Date Worked \_\_\_\_\_

Name of Spouse \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_

Spouse's Social Security Number \_\_\_\_\_

Date of Retirement \_\_\_\_\_

During your active participation in the Pension Fund, did you engage in qualified military service?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Complete this section ONLY if you are applying for a total and permanent DISABILITY PENSION BENEFIT.

a) Nature of your disability \_\_\_\_\_

b) Date you first became disabled \_\_\_\_\_  
Month Year

c) Name of your physician \_\_\_\_\_

d) Date you were first treated for your disability \_\_\_\_\_

e) Have you applied for a Social Security Disability Award?  
Yes \_\_\_ No \_\_\_

Have you received a Social Security Disability Award?  
Yes \_\_\_ No \_\_\_ (if yes, enclose copy)

Have you been denied a Social Security Disability Award?  
Yes \_\_\_ No \_\_\_

### SECTION III -- ELECTION OF FORM OF RETIREMENT

\_\_\_\_\_ I elect to receive the Normal Retirement benefit, which provides for equal monthly installments payable for the rest of my life. In the event monthly pension benefits paid to me during my lifetime exceed the contributions made on my behalf, no further benefits will be payable to my beneficiary upon my death.

\_\_\_\_\_ I elect to receive the 50% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my contingent annuitant is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the remaining lifetime of my contingent annuitant. In the event my contingent annuitant dies prior to me, my monthly benefit will "pop up" to the amount that would have been payable had the benefit not been reduced for the 50% Joint and Survivor option.

\_\_\_\_\_ I elect to receive the 100% Joint and Survivor annuity benefit. This is a reduced pension benefit paid to me during my lifetime. If my contingent annuitant is alive at the time of my death, 100% percent of my reduced pension shall continue during the remaining lifetime of my contingent annuitant. In the event my contingent annuitant dies prior to me, my monthly benefit will "pop up" to the amount that would have been payable had the benefit not been reduced for the 100% Joint and Survivor option.

\_\_\_\_\_ I elect to receive the 50% Joint and Survivor annuity benefit without a "pop up". This is a reduced pension benefit paid to me during my lifetime. If my contingent annuitant is alive at the time of my death, one-half (50 percent) of my reduced pension shall continue during the remaining lifetime of my contingent annuitant.

\_\_\_\_\_ I elect to receive the 100% Joint and Survivor annuity benefit without a "pop up". This is a reduced pension benefit paid to me during my lifetime. If my contingent annuitant is alive at the time of my death, 100% percent of my reduced pension shall continue during the remaining lifetime of my contingent annuitant.

***Every optional form of benefit has an approximately equal value to the regular or normal form of payment, life annuity.***

**SECTION IV -- SURVIVOR ANNUITY WAIVER**

Name of Participant \_\_\_\_\_

**ELECTION TO WAIVE JOINT AND SPOUSE SURVIVOR ANNUITY**

As a Participant in the Bricklayers Local No. 43 Pension Plan, I hereby acknowledge that I have been informed by the Plan Administrator that my benefits under the Plan will be paid to me in the form of a Joint and Spouse Survivor annuity; that I have the right to waive that form of payment, provided that my spouse consents in writing to the waiver, that I understand the terms of a Joint and Spouse Survivor annuity and the financial effect of a waiver; and that I may revoke any waiver in effect during the applicable election period.

( ) I hereby elect to waive the Joint and Spouse Survivor annuity form of payment.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witnessed by: \_\_\_\_\_ Participant

\_\_\_\_\_  
Notary Public

**SPOUSE'S CONSENT TO WAIVER**

I hereby consent to the foregoing election by my spouse, not to have benefits under the Bricklayers Local No. 43 Pension Plan paid in the form of a Joint and Spouse Survivor annuity. Further, I hereby acknowledge that I understand: (a) that the effect of my consent may be to forfeit benefits I would be entitled to receive upon my spouse's death; (b) that my spouse's waiver is not valid unless I consent to it; and (c) that my consent is irrevocable unless my spouse revokes the waiver during the applicable election period.

EXECUTED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Witnessed by: \_\_\_\_\_ Participant's Spouse

\_\_\_\_\_  
Notary Public

**SECTION V -- DESIGNATION OF BENEFICIARY**

Name \_\_\_\_\_ Sex \_\_\_\_\_

SSN \_\_\_\_\_ Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
(Street and Number)

\_\_\_\_\_  
(City, State, and Zip Code)

I hereby apply for a pension from the Bricklayers Local No. 43 Pension Fund. I certify under penalty of perjury that all the statements contained herein are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payment made to me because of a false statement.

**SECTION VI -- SIGNATURES**

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

## Instructions on Required Proofs

Proof of birth date must be furnished for applicant and his joint annuitant, if any. Older documents, such as birth certificates, are preferred to those more recently established. Documents submitted will be photocopied or recorded and returned to you. One or more of the following are suggested. If we may advise you further, please let us know.

1. A birth certificate or delayed 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 such records.
3. Hospital birth record, certified by the custodian of such record.
4. Letter from Social Security Administration certifying your date of birth as established for their records. This may be obtained from your local agency.
5. A foreign Church or Government record with a notarized translation.
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. Family Bible, or other family record. (Don't remove pages from Bible).
8. An insurance policy which shows the age or date of birth\*, whether lapsed or active.
9. Naturalization records;
  - a) Certificate of Naturalization\*
  - b) Intent to become a Citizen\*
  - c) Citizen Identification Card\*
10. Immigration Records\*
11. Passport\*
12. Other government records (Bureau of Census, Washington 25, D.C., will search its records for age evidence upon the execution of an application and the payment of a fee.)\*
13. School Records.\*
14. Military Records.\*

\*Documents must show month, day, and year of birth. Those marked with an asterisk (\*) may require additional evidence of birthdate.