

BRICKLAYERS & ALLIED CRAFTSMEN LOCAL NO. 7 PENSION PLAN

33 FITCH BOULEVARD
AUSTINTOWN, OHIO 44515
Phone: 330/270-0453
Toll free: 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.

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 pension credit requirement*</u>
A. _____	Normal	62 or over	5 or more years of service
B. _____	Early	55 to 62	10 or more years of Service
C. _____	Disability	under age 57	10 years of service and actively participating in the Plan

If you checked Disability, you must provide a Social Security Notice of Award letter.

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

