
BUILDING TRADES UNITED PENSION TRUST FUND
MILWAUKEE & VICINITY

APPLICATION FOR BENEFITS
PAYABLE UNDER A
QUALIFIED DOMESTIC RELATIONS ORDER

INTRODUCTORY NOTE:

This authorized application form is used when applying for benefits payable under the Pension Plan that are subject to a Qualified Domestic Relations Order. All the information and signatures asked for must be furnished by you. Copies of certain records are also required in support of this application. A Benefits Representative or a cover letter accompanying this application will explain which records are needed. A Benefit Illustration Sheet accompanying this application explains the type and amount of benefits to which you and your beneficiaries may be entitled. Please ask a Benefits Representative to explain anything you do not understand.

Application to the Eligibility Committee of the Board of Trustees

A. Type of Benefit

I am applying for a(n) _____
Benefit in accordance with the Qualified Domestic Relations
Order signed by the Court on _____,
incorporated herein by reference.

Effective Date _____

Annuity Starting Date _____

B. Form of Benefit (choose one)

(Note: depending on the terms of the Qualified Domestic
Relations Order, certain benefit options listed here may
not be available to you. Your benefit illustration explains
the options that are available.)

- My Lifetime Only Level Income Option
- Life Annuity with Ten Year Certain Option
- Lump Sum Option
- Benefit as specified in the Qualified Domestic
Relations Order:
-

C. Personal Information

Name in Full _____

Social Security #: _____

Maiden Name: _____
(if applicable)

Home Address: _____

Please Note: If the name you are currently using is different
than your name listed in the Qualified Domestic Relations
Order, you need to submit proof of your name change to
this office, if you have not done so already.

Phone: (_____) _____

Date of Birth: _____

D. Participant Information

Name in Full: _____

Trade: _____

Social Security #: _____

Local Union No. (if any): _____

E. Designation of Beneficiary(ies)

Complete this section only if you are applying for the
Life Annuity with Ten Year Certain Option.

I hereby designate the following person(s) as Beneficiary(ies)
for Remaining Ten Year Certain Benefits :

Name _____

SS# _____ Relationship _____

Date of Birth _____

Address _____

F. Certification

I certify that all of the information furnished by me, including
any attachments or additions to this form, and any records or
documents supplied in support of this application, are to the
best of my knowledge and belief, true, complete and correct.

I understand I must submit proof of my age acceptable to the
Trustees. I also understand that any benefits payable to me

are subject to the terms of the Qualified Domestic Relations
Order.

Date: _____

Signature: _____

In the presence of: _____
(this line is for office use only)