

BUILDING TRADES UNITED PENSION TRUST FUND
MILWAUKEE & VICINITY

APPLICATION FOR BENEFITS
AVAILABLE TO BENEFICIARIES

Introductory Note

This authorized application form is used to apply for benefits payable under the Pension Plan. All the information and signatures we ask for must be furnished by you. Copies of certain records are also required in support of this application. A Fund employee, or a cover letter accompanying this application, will explain which records are needed. We will also explain the type and amounts of benefits to which you may be entitled by providing a Benefit Illustration to help you understand your options.

Application to the Eligibility Committee of the Board of Trustees

A. TYPE OF BENEFIT

I am applying for the Benefit checked:

- Death Benefits
- Benefits Due at time of Death
- Automatic Joint and Survivor Benefits:
_____ Monthly Annuity
OR _____ Lump Sum Equivalent
- Pop-up Joint and Survivor Benefits:
_____ Monthly Annuity
OR _____ Lump Sum Equivalent

- Non-spouse Survivor Benefits:
_____ Monthly Annuity
OR _____ Lump Sum Equivalent
- Remaining Ten Year Certain Benefits
- Pre-retirement Survivor Benefits:
_____ Monthly Annuity as of

OR _____ Lump Sum Equivalent as of

B. APPLICANT'S INFORMATION

Name

Maiden Name (if applicable)

Social Security #

Home Address

Street

City

State

Zip

Phone Number

(_____) _____

Date of Birth

Date of Marriage to Participant (if applicable) _____

C. PARTICIPANT'S INFORMATION

Name

Social Security #

Trade or Craft

Union Local No. (if any)

Date of Birth

Date of Death

D. DESIGNATION OF BENEFICIARY(IES)

I designate the following person(s) as my primary Beneficiary(ies) for Death Benefits or remaining Ten Year Certain Benefits. The beneficiary(ies) will only receive benefits if any Death Benefits or Ten Year Certain Benefits remain after my death. I may name my estate if I wish.

Name

Social Security #

Relationship to you

Beneficiary's Address

Name

Social Security #

Relationship to you

Beneficiary's Address

Attach another piece of paper if you need more space.

1100

Certification

I certifiy by signing that all of the information I have furnished on this application form is, to the best of my belief and knowledge, true and complete. I understand I must submit acceptable proof of my identity, my age, the Participant's death, and, if applicable, a copy of my marriage certificate. After benefits are approved, I will keep the Fund Office informed of my current name and address. If I fail to do so, I will hold the Building Trades United Pension Trust Fund harmless for benefits not paid. Such benefits would be fully reinstated when I have notified the Fund Office of my address.

Date _____

Signed _____
