

# **Building Trades United Pension Trust Fund**

## **Milwaukee & Vicinity**

**500 Elm Grove Road, Room 300**

**PO Box 530**

**Elm Grove, WI 53122**

**Phone: (262) 784-7880**

**Toll Free: (800) 433-8570**

## **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

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### 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

☐ 75% 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

Phone Number (\_\_\_\_\_) \_\_\_\_\_

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

Date of Marriage to Participant (if applicable) \_\_\_\_\_

City

State

Zip

### C. PARTICIPANT'S INFORMATION

Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Trade or Craft \_\_\_\_\_

Union Local No. (if any) \_\_\_\_\_

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

Date of Death \_\_\_\_\_

1100

### 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 \_\_\_\_\_

### E. CERTIFICATION

I certify 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 \_\_\_\_\_

*Attach another piece of paper if you need more space.*