

**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 RETIREMENT BENEFITS

Introductory Note

This authorized application form is used when applying for benefits payable under the Pension Plan. All the information and signatures asked for must be furnished by you and, if you are married, by your spouse. Copies of certain records are also required in support of this application. You will receive an explanation of the records needed for your application; the amount of benefits to which you, your spouse and beneficiaries may be entitled; and a Benefit Illustration Sheet to help you understand your options.

Application to the Eligibility Committee of the Board of Trustees

A. Information About Myself (Participant)

Name in Full _____

Social Security # _____

Mailing Address _____

City

State

Zip

Phone () _____

Date of Birth _____

Trade _____

Local Union No. (if any) _____

B. Information About My Spouse

Are you currently legally married? Yes No

If Yes:

Name of Spouse _____

Spouse's Address _____

(if different than Participant's)

City

State

Zip

Maiden Name (if female spouse) _____

Social Security # _____

Date of Birth _____

C. Information About Past Marriages

Have you had any past marriages? Yes No

If Yes, list the names of all former spouses along with the dates your prior marriage(s) began and ended.

(1) Former Spouse's name _____

Dates of this marriage (from what year to what year?) _____

How did this marriage end? Divorce* Spouse died**

(2) Former Spouse's name _____

Dates of this marriage (from what year to what year?) _____

How did this marriage end? Divorce* Spouse died**

(3) Former Spouse's name _____

Dates of this marriage (from what year to what year?) _____

How did this marriage end? Divorce* Spouse died**

If you have been married more than 3 times before, please attach a separate piece of paper providing the above-requested information.

If you have ever been divorced, was any portion of your retirement benefits from the Building Trades United Pension Trust Fund assigned to a former spouse as part of a marital settlement agreement or Qualified Domestic Relations Order? Yes No

If Yes, please explain:

*Note: If you have ever been **divorced**, you will need to send copies of your divorce decree(s) and marital settlement agreement(s) along with this application if you have not provided them to our office in the past.

Note: If you have ever been **widowed, you will need to send us a copy of your spouse's death certificate if you have not provided it to our office in the past.

D. Type of Benefit (Select one, or two if Pro Rata)

- Normal Retirement
- Early Retirement
- Deferred Vested
- Early Deferred Vested
- Pro Rata Benefit

Effective Date _____

Annuity Starting Date _____

(Annuity Starting Date cannot be prior to the first of the month following receipt of the completed application in the Pension Fund Office.)

E. Election of Benefit Option (Select One)

- Lifetime Only
- Automatic Joint and Survivor
- Pop-up Joint and Survivor
- 75% Joint and Survivor
- Non-spouse Survivor *(Complete Section F also)*
- Life Annuity with Ten Year Certain
(Complete Section F also)
- Level Income *(Early Retirement prior to age 62 only)*
- Lump Sum *(Available only if present value is less than \$20,000.)*

All options listed may not be available to you. Please be sure to select an option listed on your Benefit Illustration Sheet.

If you are married and choose an option other than the Automatic Joint and Survivor option, you and your spouse must sign the waiver form provided by the Pension Fund Office. The signatures on the waiver must be notarized or may be witnessed by a Fund representative when your spouse's identity is verified.

You may not change your option selection after your Annuity Starting Date. If you are married and do wish to change your option selection prior to your Annuity Starting Date, you and your spouse may be required to sign a new waiver form provided by the Pension Fund Office.

F. Designation of Beneficiary(ies) for Non-spouse Survivor or Remaining Ten Year Certain Benefit

You should not complete this section **unless** you chose the Non-spouse Survivor option or the Life Annuity with Ten Year Certain option in Section E.

Note: *If you list more than one beneficiary, each person listed will receive an equal share of any benefits payable. If you wish to list more than one beneficiary, please list all beneficiaries on another piece of paper and attach it to this application.*

Following is my beneficiary for *(check one)*:

- Non-spouse Survivor Benefits
- Life Annuity with Ten Year Certain Benefits

❖ If you are married and you do not name your spouse as your beneficiary, your spouse must complete the following:

Name _____

I, the legal spouse of the Participant, agree to the named beneficiary(ies) for (check one):

Date of birth _____

- Non-spouse Survivor Benefits
- Life Annuity with Ten Year Certain Benefits

SS# _____

and acknowledge that upon my spouse's death, no such survivor benefits are payable to me.

Relationship to you _____

Address _____

_____ **Date** _____ **Spouse's Signature**

G. Work Related Information

1. Have you had ownership interest in a company that made contributions to this Fund under a Collective Bargaining Agreement?

- Yes No

Company Name _____

Approximate Dates _____

If your answer is yes, was the company incorporated?

- Yes No

2. Have you worked under the jurisdiction or labor contract of any other local in the construction industry since June 1, 1959?

- Yes No

If your answer is yes, complete below. If no, skip to #4.

Local #	Location	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

G. Work Related Information (Continued)

3. If your answer to #2 is yes, please read the enclosed Pro Rata Benefit information sheet. After reading it, are you interested in pursuing a Pro Rata Retirement Benefit?

Yes No

4. Are you currently employed in any type of work?

Yes No

5. If your answer to #4 is yes, complete below. If no, skip to #7.

Type of work _____

Employer _____

Date you plan to stop working:

Month Day Year

6. If you are currently working for an Employer that contributes to this Fund for any of its employees, will you, or have you, notified your Employer of your intent to Retire, and advised your Employer you will no longer be available for full-time employment?

Yes No Not applicable

7. If you are no longer working in construction related employment, list the date you stopped working in construction:*

Month Year

8. Do you understand the Plan's Suspension of Benefits rules? (If you answer "no," important information regarding the Suspension of Benefits rules will be provided to you when this application is received in the Pension Fund Office.)

Yes No

*Construction related employment means:

- Work in the construction industry or any other industry involved in the same type of business activities in which covered Employees are working when your benefits start; and
- Work in Wisconsin or other geographic areas covered by collective bargaining agreements requiring contributions to this Pension Fund; and
- Work in any trade or craft covered under any collective bargaining or other written agreement requiring Employers to make contributions to this Pension Fund, or at a job for which you qualify because of skills you learned while practicing your trade, regardless of whether or not the work you are doing is subject to any collective bargaining agreement.

Important Information to Participants Applying for Benefits Prior to Normal Retirement Age:

In order to comply with current Internal Revenue Service regulations concerning early retirement, it is necessary for a Participant who wishes to receive Early Retirement or Early Deferred Vested Benefits to show under all the facts and circumstances that there is a genuine intent to retire, or in other words, to terminate service with all construction employers who contribute to the Plan, regardless of the type of work performed for that Employer. If you would like more information regarding this matter, please contact the Pension Fund Office.

H. Certification

I hereby certify that all of the information furnished by me, including any attachments or additions to this form, as well as any records or documents supplied in support of this application is, to the best of my knowledge and belief, true, complete and correct. I understand any fraudulent information could cause this application to be invalid.

I understand I must submit proof of my age and if applicable, proof of my spouse's age or non-spouse survivor's age acceptable to the Trustees. I understand that if I am married, I must submit a copy of my marriage certificate.

I certify I have notified the Pension Fund of any judgment, decree or order, i.e. as a result of a divorce or child support, either current or pending, which might recognize the

existence of an alternate payee's right to receive all or a portion of the benefits payable to me under the Plan. I further agree to indemnify the Plan for any payments the Plan may make, relating to such judgment, decree or order, either current or pending, or rendered in the future, where such payments exceed the benefits to which I am otherwise entitled.

Date _____

Signature _____

Please Print Name _____

In the presence of _____

(this line is for office use only)