



Bricklayers & Trowel Trades International Pension Fund

620 F Street NW #700 • Washington DC 20004 • Toll Free: 1-888-880-8222

Fax: 202-347-7339 • Email: IPFpensionApplicantInfo@IPFweb.org

U.S. PENSION APPLICATION

- APPLICATION PROCESSING CAN TAKE UP TO 3 MONTHS. SUBMITTING INCOMPLETE DOCUMENTS WILL RESULT IN DELAYS
- **YOU CANNOT WORK IN COVERED EMPLOYMENT THE MONTH YOUR PENSION STARTS**
- YOU CAN SUBMIT YOUR SIGNED AND DATED APPLICATION BY EITHER FAX, EMAIL, OR U.S. MAIL
- PLEASE READ ALL QUESTIONS CAREFULLY AND PRINT ALL ANSWERS

Applicant Information

FULL NAME (FIRST, MIDDLE, LAST) _____

DOB MM/DD/YYYY
(attach proof) _____

SOCIAL SECURITY #
(attach proof) _____

ADDRESS
 preferred communication _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL
 preferred communication _____

LAST EMPLOYER _____ LOCAL _____ I.U. # _____

Your earliest Union
initiation/apprentice
registration date _____

Last date
of covered
employment _____

Date you wish
your benefits
to begin _____

Marital Status (attach proof)

- Single/ Never Married**
(Form of Pension Payment should be notarized)
- Married**
(Marriage certificate required)
- Married and Previously Married**
(Marriage certificate required; divorce decree and property settlement agreement for past marriage(s) required)
- Separated**
(Notarized evidence that your spouse cannot be located, including the date of separation required)
- Divorced**
(Divorce decree and property settlement agreement for past marriage(s) required)
- Widow(er)**
(Spouse death certificate required)

Type of Pension

- NORMAL**
(Age 64 or older at pension start date)
- EARLY**
(Age 55 through 63 at pension start date)
 awaiting Social Security Disability Approval*
*Early retirement benefits for months prior to the Social Security Disability Pension effective date are subject to reimbursement and recalculation
- DISABILITY**
(Benefit reduced if commenced before age 64)
ATTACH PROOF: Social Security Disability Award and Physician's statement indicating the nature of your disability and that you are *totally and permanently* disabled from the trade

Beneficiary Designation (if the Beneficiary is not a Spouse, the Spouse's notarized consent is required)

FULL NAME (FIRST, MIDDLE, LAST) _____

DOB
MM/DD/YYYY _____

RELATIONSHIP
TO MEMBER _____

SS # _____

ADDRESS
 same as member's _____

CITY _____ STATE _____ ZIP _____

Form of Pension Payment (you can only choose one option)

REGULAR PENSION

I do not wish to receive benefits in the form of a Qualified Joint and Survivor Pension. I am aware that I am electing to receive a lifetime annuity and in the event of my death, regardless of the number of payments I received, no further payment will be made to my beneficiary, as designated in Section 15. I understand that rejecting the Qualified Joint and Survivor forms of payment means NO benefits will be paid to my spouse by the Bricklayers & Trowel Trades International Pension Fund after my death.

_____ (Applicant Signature)

I am the spouse of the above referenced applicant. I understand that I have the right to have the Bricklayers and Trowel Trades International Pension Fund pay my spouse's pension benefits in the form of a Qualified Joint and Survivor annuity and I agree to give up that right. I understand that by signing this agreement, I may receive less money than I would have received under the Qualified Joint and Survivor form of payment, and I may receive nothing after my spouse dies, depending on the form of payment and beneficiary that my spouse chooses. I consent to my spouse's rejection of the Qualified Joint and Survivor Pension and agree to my spouse's choice of beneficiary in Section 15. I understand that my spouse cannot choose a different beneficiary unless I agree to that change. I understand that I do not have to sign this agreement. I am signing this agreement voluntarily. I understand that I may not be paid a pension from this Pension Fund after my spouse's death.

_____ (Applicant's Spouse Signature)

FOR NOTARY PUBLIC ONLY

State of _____ County of _____ . On the _____ day of _____ , 20 _____ ,

before me came _____ and _____
(Applicant Name) (Applicant's Spouse Name)

known to be the persons described in and who executed the foregoing statements and he and she duly acknowledged to me that he and she executed the same.

(Notary Name)

(Notary Signature)

(My Commission Expires)

QUALIFIED JOINT AND SURVIVOR PENSION (50%) _____
(Applicant Signature)

I wish to receive a reduced Regular Pension to guarantee that my surviving spouse designated as beneficiary will receive 50% of my monthly benefit for life. **(Proof of marriage, spouse's age, and SS# required.)**

QUALIFIED JOINT AND SURVIVOR PENSION (75%) _____
(Applicant Signature)

I wish to receive a reduced Regular Pension to guarantee that my surviving spouse designated as beneficiary will receive 75% of my monthly benefit for life. **(Proof of marriage, spouse's age, and SS# required.)**

APPROXIMATION FOR ALL THREE OPTIONS _____
(Applicant Signature)

I wish to compare the options so I can make my decision. **(Proof of marriage, spouse's age, and SS# required.)**

Covered Employment Verification

Your application CANNOT be processed unless you sign this section or provide an explanation of your Noncovered Employment. The explanation must include the dates, job classification, and the name of the Employer who was not party to a Collective Bargaining Agreement.

The following is a summary of the Rules and Regulations of the International Pension Fund regarding Noncovered Masonry Employment and its effect of benefit eligibility.

Noncovered Masonry Employment means employment in the Masonry Industry on or after June 1, 1988, for an employer which does not have, or self-employment which is not covered by, a collective bargaining agreement between the Union and the employer.

Under the Plan rules, work in Noncovered Masonry Employment after June 1, 1988, would in effect cause a member to forfeit any future entitlement to death or disability benefits, and delay eligibility for early retirement benefits. The date they would become eligible for early retirement benefits is automatically delayed six months for each calendar quarter they engaged in Noncovered Masonry Employment. In the case of early retirement or disability benefits, the delay or forfeiture will be eliminated if the Participant earned at least six (6) years of Future Service Credit in Covered Employment immediately following termination of Noncovered Masonry Employment.

Noncovered Masonry Employment also cancels past service credits. The rules do provide that any such loss of past service credit shall not decrease accrued normal retirement benefits to an amount less than the accrued normal benefit a participant had on May 31, 1988.

I hereby apply for benefits from the Bricklayers and Trowel Trades International Pension Fund. I have read and understand the above summary of the rules on Noncovered Masonry Employment. This is to certify that I have not engaged in Noncovered Masonry Employment since June 1, 1988. I realize that any false statement by me may cause me to forfeit my entitlement to benefits from the Bricklayers and Trowel Trades International Pension Fund.

APPLICANT SIGNATURE

DATE



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DIRECT DEPOSIT FORM

Applicant Information

NAME (FIRST, MIDDLE, LAST) _____

SSN _____ DOB (MM/DD/YYYY) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

Bank Information

NAME OF BANK OR CREDIT UNION _____

ABA ROUTING NUMBER (always 9 digits) _____

ACCOUNT TYPE Checking Savings ACCOUNT NUMBER _____

Tape Voided Check Below

John or Mary Doe 100 Main St. Anytown, USA 12345	_____ 20 _____	0501
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
_____		Dollars
FIRST NATIONAL BANK Anytown, USA For _____	_____	
: 123456789 : 9876 4321		0501

Certification of Direct Deposit Form

IMPORTANT: Please be advised that if someone other than the applicant is signing this form, Power of Attorney or Guardianship documentation must be provided to the Fund.

I request that the Bricklayers and Trowel Trades International Pension Fund electronically deposit my monthly benefit to my bank account. I agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name. I understand that any future changes to my Direct Deposit Form will require notarization.

APPLICANT SIGNATURE _____ DATE _____



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SUBSTITUTE W-4P FEDERAL INCOME TAX WITHHOLDING FORM

Please note: Your current tax withholding will remain in effect unless you change or revoke it. If you do not wish to change or revoke your election, you do not have to return this form.

Applicant Information

SOCIAL SECURITY NUMBER _____

FULL NAME _____
(FIRST) (MIDDLE) (LAST)

Federal Tax Withholding Election Options

OPTION 1: NO FEDERAL TAX WITHHOLDING

I do not want federal income tax withheld from my monthly pension check. I understand that I may be liable for taxes at the time I file my federal tax return. You also may be subject to tax penalties under the estimated payment rules if your payments of estimated tax and withholding, if any, are not adequate.

OPTION 2: FLAT AMOUNT or FIXED PERCENTAGE or FEDERAL WITHHOLDING BASED ON MARITAL STATUS AND ALLOWANCE

Please withhold Federal Income Tax in accordance with option A, B, or C as designated below:

A. **Flat Amount** \$ _____ **per month**

B. **Fixed Percentage** _____ **%**

C. **Marital Status:** **Single**
 Married
 Married/Withholding as Single

Number of Deductions _____

Option 2C may result in no Federal income tax withheld depending on the amount of your monthly benefit, the number of deductions you choose and the standard tax tables. If you are married and your monthly amount is less than \$992.00 or if you choose single and your monthly benefit is less than \$317.00 then you should choose Option 2A or 2B if you want Federal Taxes withheld.

APPLICANT SIGNATURE _____ **DATE** _____

Certification of Application

I hereby apply for a pension from the Bricklayers and Trowel Trades International Pension Fund and have read the rules. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and the Trustees shall have the right to recover any payments made to me because of a false statement.

Enclosed/attached are the supporting documents (check what is applicable). Please note: We accept copies of documents certified by the custodian of record; any originals will be returned to you. We do not accept driver's license as form of identification.

1. PROOF OF AGE for Applicant:

- Birth certificate
- Baptismal record
- Passport
- Naturalization certificate

2. PROOF OF AGE for Applicant's Spouse:

- Birth certificate
- Baptismal record
- Passport
- Naturalization certificate

3. MARITAL STATUS:

- Marriage certificate
- A complete (all pages of all attachments) court-certified divorce decree and property settlement agreement. The documents should have the judge's signature and court's stamp with filing date
- Qualified Domestic Relations Order (QDRO) if applicable
- Spouse death certificate

4. PROOF OF DISABILITY:

- Social Security disability award letter stating the date you were found disabled and that you are receiving disability benefits
- Medical report from physician indicating the nature of your disability and that you are totally and permanently disabled from the trade

5. BANK INFORMATION:

- Voided check

6. TAX INFORMATION:

- W4-P Form

7. LAST HOURS (if you are working in covered employment at time of applying, please submit two months of your last pay stubs; we cannot finish processing your application without this information):

- Pay stubs

APPLICANT SIGNATURE _____

DATE _____