



Bricklayers & Trowel Trades International Pension Fund

620 F Street, Suite 700, NW; Washington, DC 20004

Phone: 202/638-1996

Fax: 202/347-7339

www.ipfweb.org

IPF PENSION APPLICATION

1. IMPORTANT DIRECTIONS: YOUR PENSION APPLICATION MUST BE RECEIVED BY THE FUND OFFICE AT LEAST ONE CALENDAR MONTH BEFORE THE DATE YOU WANT YOUR BENEFIT PAYMENTS TO BEGIN.

2. Answering all questions will avoid delays in processing your application.

3. Please read all questions carefully and print all answers.

4. You must sign and date the application and provide proof of your age and marital status.

5. Mail the completed application with proof of your age and marital status to the Fund Office at the address listed above.

6. Instructions for providing proof of your age and marital status are found in the attached instructions.

7. An Electronic Deposit Form is attached—See Section H.

Section A. – PERSONAL DATA

1. Name _____
(last) (first) (middle)

2. Address _____
(number and street)

(city) (state) (zip code)

3. Phone number (_____) _____ 4. Soc. Sec. Number _____
(area code)

5. Birth date (attach proof) _____ 6. I.U. Member # _____ 7. e-mail _____

8. Last Employer Name _____ 9. Local Union _____
(number/state)

10. Last date of covered employment prior to retirement _____
(month/day/year)

11. Date you wish your benefits to begin _____ (You cannot work during the month your pension starts.)
(month/year) (month/year)

12. Marital Status: (check one and attach proof) I hereby swear that I am ___ Single* (never married)

___ Married ___ Married and Previously Married*** ___ Separated* ___ Divorced** ___ Widow(er)****

*Notarized in Form of Pension Payment Section D and D-1 as required

**Divorce Decree/Property Settlement Required

***If you are married and previously divorced, you must submit a copy of your divorce decree and property settlement agreement for any prior marriage(s)

****Death Certificate of Spouse Required

Section B. – EMPLOYMENT HISTORY

1. International Pension Fund Participation Date _____ (month and year Employer contributions were first made on your behalf). Generally this is the same date your Local Union participated in the IPF.

2. To be eligible for Past Service Credit, you must have worked in covered employment at least 750 hours per year in two of the three calendar years immediately prior to your IPF Participation Date. List the number of hours you worked in covered employment during the three calendar years prior to the calendar year in which your IPF Participation Date occurred. This information may be available from your Local pension or health and welfare fund offices.

Year	Hours
_____	_____
_____	_____
_____	_____

3. Your **earliest** union initiation or apprentice registration date (for maximum past service)

_____ (month/year) _____ (local/state)

4. List below any calendar year(s) prior to your IPF Participation Date in which you worked less than 750 hours in covered employment and give the reason (i.e. military service, disability, employment on referral by local, self-employment).

From Month / Year	To Month / Year	Reason not in covered employment

Section C. –TYPE OF PENSION If eligible, I want to retire on a (check one):

1. **___NORMAL PENSION**—age 64 or older at pension start date. (Please indicate last date of employment of any type ___/___/___)
month day year

2. **___EARLY PENSION**—age 55 through 63 at pension start date and not an Inactive Vested Participant.

3. **___EARLY PENSION—While awaiting Social Security Disability Approval**—I understand that early retirement benefits for months prior to the Social Security Disability Pension effective date are subject to reimbursement.

4. **___DISABILITY PENSION**—You must submit a Social Security Disability Award and a physician’s statement indicating the nature of your disability and that you are totally and permanently disabled. You should apply if Social Security Disability approval is delayed. (Reduced if commenced before age 64)

Section D. – FORM OF PENSION PAYMENT

IMPORTANT—Please read Section J – Forms of Pension Payment Information and Section D – Election Instructions for information regarding options D (1) (2) and (3) and proof of marital status below. If you choose option 1 the remainder of this application must be completed in the presence of your spouse and a Notary Public. If you were never married, a Notary Public must witness your signature in Sections D1 below. This application cannot be processed unless the following sections are properly completed. **Form of Payment Authorizations:** (mark only one choice and complete either 1, 2, 3, or 4 below).

1. **REGULAR PENSION**— I _____ do not wish to receive benefits in the
signature of applicant
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 E. 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.

Spouse and Notary Authorizations: I _____ am the spouse of the above-
signature of spouse
-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 E. 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,

State of _____ SS: _____ County of _____

On the _____ day of _____, 20____, before me came

_____ and _____
Applicant Spouse

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 / My Commission Expires / Notary Stamp or Seal

2. **QUALIFIED JOINT AND SURVIVOR PENSION (50%)**—I _____
signature of applicant

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. Enclosed is proof of my spouse’s age, social security number and proof of our marriage.

3. **QUALIFIED JOINT AND SURVIVOR PENSION (75%)**—I _____
signature of applicant

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. Enclosed is proof of my spouse’s age, social security number and proof of our marriage.

4. **APPROXIMATION REQUEST:** Using the factors in Section J, please provide approximations of options 1, 2, and 3 so I can make my decision. My spouse’s birth date is: _____/_____/_____
Month day year

SECTION E. – BENEFICIARY DESIGNATION

NOTE: If the Beneficiary is not a Spouse, the Beneficiary Designation cannot be made without the spouses' notarized consent.

Beneficiary

A.) Beneficiary Name _____

B.) Beneficiary Social Security Number _____

C.) Beneficiary Address _____

Number and Street

City _____ State _____ Zip Code _____

D.) Relationship _____

E.) Birth Date / /
month day year

SECTION F. – COVERED EMPLOYMENT VERIFICATION

The following is a summary of the Rules and Regulations of the International Pension Fund regarding Noncovered Masonry Employment. Make sure you read the summary and indicate your compliance by signing at the bottom of this section. ***Your application cannot be processed unless you provide this signed form 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.***

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, disability, or severance benefits. The date they would become eligible for vested or early retirement benefits is automatically postponed six months for each calendar quarter they engage in Noncovered Masonry Employment. In addition, the monthly benefit of a pensioner maybe suspended six (6) months for each calendar quarter of Noncovered Masonry Employment after retirement.

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 for benefits for 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.

Signature of Applicant

Date

SECTION G.— CERTIFICATION

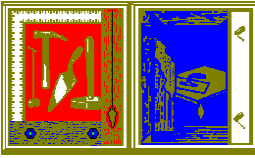
I hereby apply for a pension from the Bricklayers and Trowel Trades International Pension Fund and have read the enclosed rules on employment after retirement. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits,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

Signature of Applicant

Date

Section H. –Direct Deposit Form

Bricklayers & Trowel Trades International Pension Fund



620 F Street, Suite 700, NW; Washington, DC 20004
Phone: 202/638-1996
Fax: 202/347-7339
<http://www.ipfweb.org>

NAME : _____ SSN: _____ - _____ - _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PH # () _____ - _____

Check Box If Your Address Has Changed E-MAIL : _____

Name of Bank _____

City and State where your bank is located _____ (City) _____ (State)

ABA Routing # _____ Acct# _____

Checking

Savings

(Your bank's ABA# is always 9 digits long)

If you intend to deposit your benefit into your checking account, the Fund recommends that you include a **VOIDED** personal check to ensure accuracy and hasten the processing of your application.

By selecting the electronic transfer service, I hereby authorize the Bricklayers and Trowel Trades International Pension Fund to electronically transfer my monthly benefit payment to my bank account through the Automated Clearing House (ACH) network. I also agree to direct my bank, executors, or next of kin to refund any electronic transfer payments made after my death and to authorize the IPF to correct any transaction error with a debit or credit entry to my account. I understand that any benefits payable to my spouse or beneficiary will be paid to them in their name.

(Signature of Pensioner)

(Date Signed)

AN EXAMPLE OF HOW TO FIND YOUR ACCOUNT AND ABA NUMBERS ON YOUR PERSONAL CHECK.

John or Mary Doe 100 Main St. Anytown, USA 12345	_____ 19 _____	0501
PAY TO THE _____ \$ <input style="width: 50px;" type="text"/>		
ORDER OF _____ Dollars		
FIRST NATIONAL BANK Anytown, USA		
For _____		
: 123456789 : 9876 4321 0501		

**PLEASE ATTACH VOIDED
CHECK FOR NEW
ACCOUNT.**

Routing # (always 9 digits)

bank account number

the individual check # (Do not include)

IF YOU HAVE ANY QUESTION CALL US AT 1-(888) 880-8222 AND ASK FOR THE IPF PENSION PAYROLL DEPARTMENT

SECTION I.— PROOF OF MARITAL STATUS AND FORM OF PENSION PAYMENT ELECTION INSTRUCTIONS

To be eligible for benefits, you must provide proof of your marital status and elect a form of pension payment. Instructions for providing your marital status, and electing a form of pension payment in Section D of the application as follows:

1. *Single* (i.e., never married)—A Notary Public must witness your signature in Section D1.
2. *Married*—You must provide a copy of your marriage license/certificate or a church record and elect as follows:
 - A. *Qualified Joint and Survivor Pension*—You must check Box D2 or D3 and sign your name where it says “signature of applicant.” It is not necessary to go to a Notary Public for these options.
 - B. *Regular Pension*—You and your spouse must go to a Notary Public and complete section D1 of the application in his or her presence. Your spouse must sign and date the application in the presence of the Notary Public and the Notary must specifically indicate your spouse appeared in person. Also, the Notary seal or stamp must be impressed upon the form including the expiration date of their commission.
3. *Married and Previously Married*—You must provide a copy of your Divorce Decree(s) including any property settlement agreement(s) for any previous marriages.
4. *Separated*—You must provide spouse authorization in the presence of a Notary Public or notarized evidence that your spouse cannot be located, including the date of separation, to receive a Regular Pension.
5. *Divorced*—You must provide a copy of your Divorce Decree including any property settlement to elect the Regular Pension.
6. *Widow(er)*—You must provide a copy of your spouse’s death certificate to elect the Regular Pension.
7. *Common-Law Marriage*—If you reside in a state that recognizes such, you should provide copies of income tax returns for at least 2 years showing you and your common-law spouse are filing joint returns. If these are not available, you should provide a notarized statement in which you and your spouse affirm your common-law marriage including when it started. You may elect either form of pension payment.

If you have questions regarding proof of marital status or electing a form of payment, please contact the Fund office.

PENSION APPLICATION INSTRUCTIONS

Important: Refer to Section L regarding rules on employment after retirement.

SECTION J.— FORMS OF PENSION PAYMENT INFORMATION

Your benefit is paid as a Qualified Joint and Survivor Pension if you are married, unless *you and your spouse* reject that form of payment. If you are not married [i.e. single (never married), separated, common law marriage, divorced or a widow(er)], instructions for electing a form of pension payment are found in Section H.

The Qualified Joint and Survivor Pensions provide that your Regular Pension will be reduced to guarantee that your surviving spouse will receive a monthly benefit for life equal to 50% or 75% of your benefit. If the Qualified Joint and Survivor Pension options are rejected and the Regular Pension chosen, a higher amount is paid for the pensioner's lifetime only.

The Qualified Joint and Survivor reduction factors are listed below and depend on your age and your spouse's age, or the Fund office can provide you with your actual figures (see Item 4 in Section D of this application).

**Qualified Joint and Survivor Pension
Reduction Percentage of Pension Payable
to Employee
with 50% or 75% of Reduced Pension Payable to Spouse**

EXAMPLE: George is 64 and entitled to retire on a Normal pension of \$280 per month. George's wife is the same age (64). Unless he elects otherwise, George's pension under the Qualified Joint and Survivor 50% form will be reduced by 10% (.900) so that he will receive a benefit of \$252 per month. George's pension under the Qualified Joint and Survivor 75% form will be reduced by 14.3% (.857) so that he will receive a benefit of \$240 per month.

Age of Spouse in Relation to Age of Employee	Percentage @ 50% Option	Percentage @ 75% Option
20 Years Younger	.820	.757
19	.824	.762
18	.828	.767
17	.832	.772
16	.836	.777
15	.840	.782
14	.844	.787
13	.848	.792
12	.852	.797
11	.856	.802
10	.860	.807
9	.864	.812
8	.868	.817
7	.872	.822
6	.876	.827
5	.880	.832
4	.884	.837
3	.888	.842
2	.892	.847
1	.896	.852
Same	.900	.857
1	.904	.862
2	.908	.867
3	.912	.872
4	.916	.877
5	.920	.882
6	.924	.887
7	.928	.892
8	.932	.897
9	.936	.902
10	.940	.907
11	.944	.912
12	.948	.917
13	.952	.922
14	.956	.927
15	.960	.932
16	.964	.937
17	.968	.942
18	.972	.947
19	.976	.952
20 Years Older	.980	.957

SECTION K.— PROOF OF AGE INSTRUCTIONS

To be eligible for benefits, you must provide proof of your age. If you elect a Qualified Joint and Survivor pension, you must also provide proof of your spouse's age. The following is a list of the documents which may serve as proof of age for both. This list is arranged starting with the best type of proof and going down to the less desirable types of documents. You are required to furnish the best type of proof available. Additional proof of age may be required if the document you submit is not considered to be sufficient. You may submit a copy of the following documents:

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such records.
3. Notification of registration of birth in a public registry of vital statistics.
4. Hospital birth record, certified by the custodian of such records.
5. Document showing approval of Social Security Pension, if date of birth or age is indicated
6. A foreign government or church record.

The following may be accepted as sufficient proof of age. If possible, please furnish two documents from the following list:

1. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
2. Naturalization record. (Photostat not permitted; submit original—it will be returned)
3. Immigration papers. (Photostat not permitted; submit original—it will be returned)
4. Military records.
5. Passport. (Photostat not permitted; submit original—it will be returned)
6. School Record, certified by the custodian of such records.
7. Vaccination record, certified by the custodian of such records.
8. An insurance policy which shows the age or date of birth.
9. Certified marriage records showing age or date of birth.

SECTION L.— RULES ON EMPLOYMENT AFTER RETIREMENT

Be sure to read and understand the following rules so that you do not lose your monthly pension due to Disqualifying Employment after retirement.

Generally, your pension will be suspended for any month you work in Disqualifying Employment after retirement.

Disqualifying Employment is:

1. Work with contributing employers or employment in the same or related business as a contributing employer.
2. Self-employment in the same or related business as a contributing employer.
3. Employment or self-employment in any business which is under the jurisdiction of the Union.
4. Employment with any Union, Fund or Program to which the Union is a party by an agreement.

You are required to notify the Fund office in writing within 15 days of any such employment you undertake. If you do not, your pension may be canceled for an additional six months. Payments made when you were in *Disqualifying Employment* will be deducted from future benefits. Generally, what kind of work will cause your benefit to be suspended depends upon your age and earnings. However, employment or self-employment in the same or related business as a contributing employer will suspend your benefit regardless of your age and earnings.

Ages 55-61: Pensioners under age 62 will have their payments withheld for any month worked in *Disqualifying Employment*.

Ages 62-63: Pensioners ages 62 and 63 will have their monthly benefit payment suspended when their yearly earnings in covered employment exceed the annual Social Security Earnings Maximum for pensioners under age 65.

Ages 64 and older: For Pensioners over age 64, there are no earnings limits, effective April 1, 2000.

Although the Plan rules allow pensioners over age 62 to work in accordance with Social Security earnings guidelines, a participant must have separated from covered employment for one benefit period (1 calendar month) to be considered retired. Therefore, you must separate from employment for the entire month your pension starts.

If you have any questions regarding the International Pension Fund rules on employment after retirement, please contact the Fund office.

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