

# Cement Masons Local 681 Pension Plan

## **Fund Office**

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Houston, TX 77017

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## **Pension Application**

**(PLEASE PRINT ALL INFORMATION CLEARLY)**



# Cement Mason Local 681 Pension Plan Houston, Texas

**Part I**

**Date** \_\_\_\_\_

<b>1. NAME (LAST, FIRST, MIDDLE)</b>	<b>2. SOCIAL SECURITY No.</b>	<b>3. HOME TELEPHONE #</b>	
<b>4. HOME ADDRESS (NUMBER, STREET OR RURAL ROUTE)</b>	<b>5. DATE OF BIRTH</b>	<b>6. AGE LAST BIRTHDAY</b> <i>(ATTACH PROOF OF AGE &amp; SEE NEXT PAGE)</i>	
<b>7. CITY, TOWN OR POST OFFICE:</b>	<b>STATE</b>	<b>ZIP CODE</b>	<b>8. LOCAL No.</b>
			<b>9. SPOUSE DOB</b>
<b>10. DATE YOU RETIRED OR PLAN TO RETIRE (MONTH, DAY, YEAR)</b>	<b>11. ARE YOU WORKING AT THE PRESENT TIME?</b> <input type="checkbox"/> <b>YES (NAME OF PRESENT EMPLOYER)</b> <input type="checkbox"/> <b>NO (NAME OF LAST EMPLOYER)</b> _____  <b>DATE LAST WORKED</b> _____		
<b>12. TYPE OF PENSION REQUESTING</b>  <input type="checkbox"/> <b>NORMAL RETIREMENT.</b> <input type="checkbox"/> <b>REDUCED EARLY RETIREMENT.</b> <input type="checkbox"/> <b>DISABILITY RETIREMENT</b> <input type="checkbox"/> <b>TERMINATED VESTED BENEFIT</b> <input type="checkbox"/> <b>LATE RETIREMENT</b> <input type="checkbox"/> <b>PRE-RETIREMENT SURVIVOR ANNUITY</b> <input type="checkbox"/> <b>POST RETIREMENT SURVIVOR ANNUITY</b> <input type="checkbox"/> <b>DEATH BENEFIT</b> <input type="checkbox"/> <b>QUALIFIED DOMESTIC RELATIONS ORDER</b>			
<b>13. MARITAL STATUS</b>  <input type="radio"/> <b>MARRIED</b> DATE OF MARRIAGE _____ <input type="radio"/> <b>SINGLE</b> <input type="radio"/> <b>DIVORCED</b> DATE OF DIVORCE (COPY OF DIVORCE DECREE) _____			

## Part II – BENEFICIARY DESIGNATION

Name of Participant \_\_\_\_\_

Benefit Commencement Date \_\_\_\_\_

(the first day of the month to coincide with or next following the date you satisfy all of the conditions for entitlement to a pension, including termination of covered employment).

Name of Spouse: \_\_\_\_\_

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

(attach marriage certificate or license)

(attach proof of age)

Spouses Social Security Number: \_\_\_\_\_

### COMPLETE BELOW ONLY IF YOUR BENEFICIARY IS SOMEONE OTHER THAN YOUR SPOUSE

Name Beneficiary \_\_\_\_\_

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

Social Security Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

PART III – SIGNATURES

I acknowledge that I have completed the entire Pension Application Form. I hereby certify that the information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Signature of Member: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: Signature of Member must be witnessed by a plan Representative or Notary Public (Select A or B).

A. \_\_\_\_\_  
Name and Title of Plan Representative (Please Print)

\_\_\_\_\_  
Signature of Plan Representative

B. State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_

Hereby certify that \_\_\_\_\_ personally appeared

before me on this day and acknowledged the due execution of the forgoing instrument.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_,

20\_\_\_\_.

My commission expires \_\_\_\_\_.

NOTARY PUBLIC

(SEAL)

\_\_\_\_\_

## DIRECT DEPOSIT BANKING AGREEMENT

Your monthly pension benefit will be deposited directly into your bank account. Please complete the attached bank account information and provide a voided check with this application to avoid processing delays:

### Participant Information:

Name: \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

### Bank Information:

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**For credit to:**       **Checking**    **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the Cement Masons Local 681 Pension Plan.

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Signature of Applicant

Date

Should you have any questions, please contact the fund office @ 1-866-236-3148. Thank you.

## **Proof of Age Instructions to Applicant**

After entering your age on your last birthday, arrange to obtain and attach to the application proof of your age. One of the types of age listed below must be provided. Proof as high in order on the list as possible should be submitted if you have it because such proof is generally more convincing. For instance, if you have or can readily obtain a birth certificate, it should be submitted rather than a baptismal certificate or a statement of birth shown by a church record. If you do not have either of these proofs, or they are not readily obtainable, try to submit the proof listed below in order, rather than the one low on the list. You must attach a photo static copy of proof of age, except that you are cautioned that **NATURALIZATION PAPERS, UNITED STATES PASSPORTS, AND IMMIGRATION PAPERS *may not be photo copied.*** If any of these is the only proof of age you have, submit the original and it will be returned to you.

1. Birth Certificate
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such birth.
6. Document showing approval of social security pension.
7. A foreign church or government record.
8. A sign statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
9. Naturalization record (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
10. Immigration papers (PHOTOSTAT NOT PERMITTED; SUBMIT ORIGINAL).
11. Military record.
12. Passport ( U.S. PASSPORTS MAY NOT BE PHOTOSTATED; SUBMIT ORIGINAL)
13. School record, certified by the custodian of such record.
14. Vaccination record certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or marriage certificate.
17. Other evidence such as signed statements from persons who have knowledge of the date of birth, voting records, poll-tax receipts, driver's license, etc.