

MASSACHUSETTS LABORERS' PENSION FUND

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200
P.O. BOX 4000, BURLINGTON, MASSACHUSETTS 01803-0900
TELEPHONE (781) 272-1000
FAX (781) 272-2226
1(800)342-3792

**Date Application Received
At Fund Office**

Request for Distribution Due to Retirement, Disability or Death

INSTRUCTIONS

Please complete ALL sections, sign where indicated and return to the address shown above with the required attachments. If you are married, and if applicable, your spouse will need to sign the form in the presence of a Notary Public. You will need to attach proof of age for yourself and, if applicable, for your spouse, and a copy of your marriage certificate.

Proof of Age can be demonstrated using one of the following documents: birth certificate, baptismal certificate or other certified church record, notification of registration of birth in a public registry of vital statistics, hospital birth record, foreign church or governmental record, a signed statement by the physician or midwife in attendance at the birth, naturalization record, immigration papers, military record, passport, school record. Original documents will be returned promptly. You may submit photocopies.

If you should have any questions, please telephone the Fund Office at one of the telephone numbers listed above. If all sections are not completed, or if the form is not notarized, where applicable, your application cannot be processed. You will receive written notification that the Fund Office has received your request. However, if you do not receive acknowledgement within ten (10) business days, please notify the Fund Office. Your request will be processed and you will be notified of your benefit (usually between 3 to 5 months).

PERSONAL DATA FOR MEMBER

Name _____ Date of Birth _____

Address _____

Social Security No. _____ Telephone No. _____

Spouse's Name _____ Spouse's Date of Birth _____

Spouse's Social Security No. _____ Date of Marriage _____

Regardless of the country where you reside, are you a United States Citizen? Yes _____ No _____

If you are not a United States citizen, please provide the country of citizenship _____



EMPLOYMENT AND LOCAL UNION DATA

On what date do you plan to retire? _____
If you are still working, on what date will you stop? _____
If you have stopped working as a laborer, give the date you last worked _____
Name and address of the company you last worked for _____

Present Local Union No. _____ Book/Membership No. _____
Date of original initiation into the laborer's union _____ Local No. _____
If you were a member of other laborers' local unions, please list them below with the dates you were initiated and/or transferred _____
Have you ever worked as a laborer out-of-state? If yes, where and when _____

MILITARY SERVICE DATA

Have you ever served in the Armed Forces of the United States? Yes _____ No _____
If yes, please submit copies of military papers.
Dates of service Entered _____ Discharged or separated _____
Date returned to covered employment _____
Name of employer you worked for immediately upon return to covered employment _____

WORKERS' COMPENSATION DATA

Have you ever received workers' compensation for injuries on the job? Yes _____ No _____
If yes, please provide the following information:
Contractor's name _____ Date injured _____
Received compensation from _____ to _____
Insurance company _____ Workers' compensation file no. _____
If you incurred more than one (1) injury for which you received workers' compensation benefit payments, please provide the information requested above for each additional injury on a separate piece of paper. If you have any records of your compensation, include copies with your application. If you do not have copies of your workers' compensation, please research your files as it could help for additional pension credits.

WEEKLY ACCIDENT & SICKNESS BENEFITS

Have you ever received weekly accident and sickness benefits from the Massachusetts Laborers' Health and Welfare Fund for a period of time when you were out of work? Yes _____ No _____
If yes, please indicate the dates when you received these benefits.
From _____ To _____
From _____ To _____

FORM OF PENSION PAYMENTS (continued)

50% Husband and Wife Benefit

If you are married, this is the automatic form of payment unless you and your spouse choose otherwise. Pension benefits paid in the form of a Husband and Wife Benefit provide that in the event of your death, one-half of your monthly benefit will continue to be paid to your spouse for the rest of their life. There is no reduction for this benefit if you have ¼ pension credit on January 1, 1988, or later. If you retire on a disability pension and select the 50% Husband and Wife Benefit, this is an actuarially adjusted reduction in your monthly benefit.

75% Husband and Wife Benefit

Pension benefits paid in the form of a 75% Husband and Wife Benefit provide that in the event of your death, 75% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on the age difference between you and your spouse considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

100% Husband and Wife Benefit

Pension benefits paid in the form of a 100% Husband and Wife Benefit provide that in the event of your death, 100% of your monthly benefit will continue to be paid to your spouse for the rest of their life. The pension benefit amount to which you would normally be entitled will be actuarially adjusted using a formula based on the age difference between you and your spouse considering benefits may be paid over a longer period of time (i.e. the lifetimes of both you and your spouse).

120 Certain Payments Options (not available to members on a Disability Pension)

You have the option of taking a reduced amount of your monthly pension with 120 monthly payments guaranteed. If you elect to take the reduced amount per month, you will be paid this monthly amount for your lifetime, and if you die before 120 payments have been made, your beneficiary will receive the balance of the 120 monthly payments in the same amount you were receiving. If you die after you have received 120 monthly payments, benefits will cease and no further benefits are payable to your beneficiary. If your beneficiary should predecease you or dies before you receive 120 monthly payments, you can name two contingent beneficiaries to receive the balance of the 120 monthly payments

Lump Sum Re-adjustment Allowance (LSRA) (not available to members on a Disability Pension)

You may receive a lump sum payment upon retirement in return for a reduction in your monthly benefit. The amount of the reduction will depend on your age when monthly benefit payments begin. The reduction in your monthly benefit will not be more than 10% and the lump sum payment may not exceed \$5,000. Please note that your LSRA payments may be an "eligible rollover distribution." This means that the payment can be rolled over to an IRA or to another qualified retirement plan that accepts rollovers. If you do not roll over your LSRA, a 20% mandatory withholding for Federal Income Tax purposes as well as additional taxes may also apply to your lump sum payment. See the attached Special Tax Notice and be sure to consult your tax advisor.

BENEFIT ELECTIONS

Please check the box(s) next to the option(s) that you may want. *However, you will receive from the Pension Department dollar amounts for all of the options for your selection prior to the Fund office finalizing your application!*

- | | |
|---|--|
| <input type="checkbox"/> 50% Husband and Wife Pension | <input type="checkbox"/> LSRA |
| <input type="checkbox"/> 75% Husband and Wife Pension | <input type="checkbox"/> LSRA, 50% Husband and Wife Combination |
| <input type="checkbox"/> 100% Husband and Wife Pension | <input type="checkbox"/> LSRA, 75% Husband and Wife Combination |
| <input type="checkbox"/> 120 Certain Payment Options | <input type="checkbox"/> LSRA, 100% Husband and Wife Combination |
| <input type="checkbox"/> I want to roll over my LSRA to an individual retirement account or to another qualified retirement plan. Please send my LSRA to the account shown below: | <input type="checkbox"/> LSRA, 120 Certain Payment Options |

Name of trustee or custodian _____ Address _____
Account name _____ Account # _____

APPLICANT'S STATEMENT

- _____ I hereby swear that I am not legally married at this time
- _____ I hereby swear that I am unable to locate my spouse (additional proof is required if you check this box)
- _____ I hereby swear that the person completing the Spouse's Statement is my current and legal spouse and that we have been married for 12 months.

I hereby apply for a pension from the Massachusetts Laborers' Pension Fund. 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 that the trustees will have the right to recover any payments made to me because of a false statement.

Applicant's Signature

Date

SPOUSE'S STATEMENT (do not complete if elected Husband & Wife Benefit – without LSRA)

I have received a copy of the Qualified Joint and Survivor Annuity Notice provided by the Plan and understand that I have the right to have the Plan pay my spouse's monthly benefits in the form of a Husband and Wife Benefit.

I hereby consent to my spouse's rejection of the Husband and Wife Benefit and agree that my spouse can receive monthly benefits in the form elected on this form. I understand that neither my spouse nor myself will be entitled to receive any Husband and Wife Benefits.

I understand that my spouse may designate another beneficiary to receive any survivor benefits payable from the Plan after my spouse dies, and that I must agree with the designation. I consent to my spouse's beneficiary designation on this form.

I understand that my spouse cannot choose another form of benefit payments or name a different beneficiary unless I agree to change.

Spouse's Signature

Date

NOTARY'S ACKNOWLEDGEMENT

State of _____ County of _____

On the _____ day of 20____ before me came _____ to me known to be the person described in and who executed the foregoing statement and duly acknowledged to me that they executed the same as their free act and deed for the purposes therein contained. In witness whereof I set hereunto set my hand:

Affix seal:

Notary's signature

My commission expires

BENEFICIARY DESIGNATION (complete only if you are not electing any of the husband and wife options)

If you are not married or if you choose to name a beneficiary other than your spouse, please complete this section. Your spouse will automatically be your beneficiary unless he/she consents to your designation below. Note: if you elected one of the Husband and Wife Benefits, you cannot designate another beneficiary.

Beneficiary's Name	Date of Birth	Social Security #	Relationship
Contingent's Name	Date of Birth	Social Security #	Relationship

INCOME TAX WITHHOLDING

The distributions or withdrawals from this Plan are subject to Federal and State Income Tax withholdings unless you elect otherwise. If you do not notify us that you wish to have taxes withheld, we will withhold income tax in accordance with the applicable tax tables.

Please check the appropriate choices below. Note that even if you elect not to have income taxes withheld, you are liable for payment of income tax on your monthly pension benefit. You may also be subject to tax penalties under the estimated tax payment rules if your payments or estimated tax and withholding, if any, are not adequate.

I am exempt from Massachusetts income tax withholding because my legal residence (domicile) is elsewhere and the income being paid was not derived from or connected with an occupation, profession, trade or business carried on in Massachusetts.

Monthly Pension Amounts

I *do not* want to have any Federal or State Income Tax withheld from my monthly pension.

I *do* want to have income tax withheld from my monthly pension in the amounts indicated below.

In accordance with applicable tax tables:

No. of exemptions: _____ Federal _____ State
Marital Status _____ Single _____ Married _____ Married, but withholding at a slightly higher rate

In accordance with the following dollar amounts:

\$ _____ Federal \$ _____ State

In accordance with the following percentages:

_____ % Federal _____ % State

Participant's Signature

Date