

MASSACHUSETTS LABORERS' PENSION FUND

14 NEW ENGLAND EXECUTIVE PARK • SUITE 200
BURLINGTON, MASSACHUSETTS 01803-5201
TELEPHONE (781) 272-1000 • FAX (781) 272-2226 • TOLL FREE 1(800)342-3792

INSTRUCCIONES: Please read this application carefully and print all answers. Mail the completed application to the Fund Office along with a copy of your proof of age.

Application for Alternate Payee Benefits Pursuant to a Qualified Domestic Relations Order

1. MEMBER INFORMATION

a. Name: _____

Laborer's Last Name First Initial

b. Social Security No.: _____

c. Date of Birth: _____ d. Date of Divorce: _____ e. Local Union#: _____

2. APPLICANT INFORMATION

a. Your Name: _____

Last First Initial

b. Your address: _____

Mailing Address Street City State Zip Code

c. Your Telephone No: _____ d. Your date of birth: _____
Area code-number (Attach Proof of Age) month-day-yr.

e. Your Social Security Number: _____

I hereby apply for an Alternate Payee Pension, as provided for under in the Qualified Domestic Relations Order, from the Massachusetts Laborers' Pension Fund. I certify that the statements made in this application are true to the best of my knowledge and belief. I understand that a false statement shall be sufficient reason for the denial, suspension, or discontinuance of benefits and that the Trustees shall have the right to recover any payments made to me in reliance of such false statement.

Signature of Applicant

Date

3. Beneficiary Designation: If you are not married, or if you choose to name a beneficiary other than your spouse, please complete the following.

Please note that your spouse will automatically be your beneficiary unless he or she agrees in writing to another beneficiary.

I hereby designate as my beneficiary to receive any benefits payable at my death from the **Massachusetts Laborers' Pension Fund:**

Name: _____ Social Sec. No.: _____

Address: _____

Date of Birth: _____ Relationship: _____

Applicant Signature: _____ Date: _____

Signature of Notary Public: _____ Date: _____

4. Income Tax Withholding- The distribution or withdrawal from this Plan are subject to Federal and State Income tax withholding 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 note that even if you elect not to have Federal Income tax withheld, you are liable for payment of Federal Income Tax on your distribution or withdrawal. You may also be subject to tax penalties under the estimated tax payment rate if your payments or estimated tax and withholding, if any, are not adequate.

You should be aware also that a 100/o Federal Penalty Tax might apply for most distributions made before attainment of age 59 ½. Please check the appropriate box below, and complete as required. Indicate below the amount of withholding you are selecting.

- | | |
|---|--|
| <input type="checkbox"/> No Federal Income Tax withheld | <input type="checkbox"/> No State Income Tax Withheld |
| <input type="checkbox"/> No. of exemptions Federal: _____ | <input type="checkbox"/> No. of exemptions, State: _____ |
| <input type="checkbox"/> _____ % or \$ _____ | <input type="checkbox"/> _____ % or \$ _____ |
| Federal Income Tax withheld | State income Tax withheld |

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