



MASSACHUSETTS LABORERS' PENSION FUND

P.O. Box 1501, 1400 District Avenue, Suite 200

Burlington, Massachusetts 01803

Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

TO: All persons applying for pension

Subject: Pension Application Forms

Please complete ALL questions on the application and on any other forms you may receive. Incomplete forms will be returned to the applicant. Include letters of rejection and/or award from Social Security Disability, if applicable. Contact this office if you have any questions on this matter. Pensions are generally payable effective the first day of the calendar month after you have submitted a complete application, while processing time averages three months.

If you have applied for a pension with this fund previously, please indicate this, and give the approximate date you filed. Also, **if you have received workman's compensation, or Social Security Disability Insurance, be sure to include a copy the award letter with your application.** It usually will add to the pension credit, yielding larger pensions. If you are divorced, we request a copy of any divorce agreements, to confirm compliance with the court regarding benefits, forward them once available.

If you choose to take your pension in any form other than the Husband-and-Wife Pension, we must have the statement(s) on page 5 (item #10) signed and notarized. This is very important.

Otherwise. Please include a photocopy of the marriage certificate.

NOTICE

Security Alert! We now require three forms of Identification: Social Security card, Birth certificate, **and a State issued Photo I.D. card** for member, and spouse if married. Photocopies are recommended. You may obtain the Social Security card from your local SSA Office, Driver's license or State ID at the Registry of Motor Vehicles.

We now issue Pension Benefit payments through electronic transfer for all pensioners; we will deposit your pension check directly into any account that you request and avoid lost checks in the mail. An electronic transfer form is enclosed. You should advise your local of your intended retirement date, as it may affect your dues.

Final issue: we are required by Federal regulations to send disclosure notices regarding your right to postpone your pension. Call us if you wish to do so or have questions regarding that letter.

Pension Department

Date Application Received
At Fund office

P.O. BOX 1501 • 1400 DISTRICT AVENUE • SUITE 200
BURLINGTON, MASSACHUSETTS 01803
TELEPHONE (781) 272-1000 • FAX (781)272-2226• EMAIL : PENSION@MLBF.ORG

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 page 5 in the presence of a Notary Public. If you are single, you must sign page 5 stating this 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, as well as copies of your and your wife's driver's license and social security card.

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, but it is safer to 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 Number _____ Telephone Number _____

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 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 your military papers.

Date of service Entered _____ Discharged or separated _____

Date returned to covered employment _____

Name of your employer you worked for immediately upon return to covered employment _____

WORKER'S COMPENSATION DATA

Have you ever received worker's compensation for injuries on the job? Yes _____ No _____

If yes, please provide the following information:

Contractor's name _____ Date of injury _____

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 & sickness benefits from Massachusetts Laborers' Health and Welfare Fund for a period of time when you were out of work? Yes _____ No _____

If yes, please indicate dates when you received these benefits, as you may receive additional pension credit.

From _____ To _____

TYPE OF PENSION

If eligible, I want to retire on a (check appropriate type):

<input type="checkbox"/> Regular Pension	Attained regular retirement age (at the time of retirement) and earned a minimum of 5 pension credits.
<input type="checkbox"/> Early Retirement	Attained age 55 but less than regular retirement age (at the time of retirement) and earned a minimum of 5 pension credits.
<input type="checkbox"/> Service Pension	Accumulated at least 30 pension credits, regardless of age.
<input type="checkbox"/> Disability Pension	Accumulated a minimum of 10 pension credits, and deemed to be totally and permanently disabled in accordance with the terms of the Plan document.
<input type="checkbox"/> Special Vested Pension	Earned at least a minimum of 250 hours in the year that you turned 65 and received a minimum of 0.25 pension credits at 65.

DISABILITY PENSION

Complete this section only if you are applying for disability pension. Also, you must apply for disability benefits from Social Security Administration.

Date you first became disabled _____, _____, _____
Month Day Year

Please state the nature of your disability (use additional paper if necessary)

Have you applied for Social Security Disability Pension? Yes _____ No _____

If you have received a decision on your application? Yes _____ No _____

If yes has your application been approved or rejected: Approved _____ Rejected _____

If it has been approved, submit the **Certificate of Award** from Social Security Administration.

If it has been rejected, submit the **Rejection Notice** from Social Security Administration.

FORM OF PENSION PAYMENTS

The description of the forms of payment which follow are provided at this time for your information only. These options may be exercised before you receive your pension benefits. **After payments commence, you may not change your election.** All pension benefits are payable for the member's lifetime.

60 Month Guarantee

If you are not married, this is the normal form of payment. You will receive a monthly amount for your lifetime, and if you die before 60 payments have been made, your beneficiary will receive the balance of the first 60 monthly payments in the same amount you were receiving. If your beneficiary should predecease you or dies before you receive 60 monthly payments, you can name a contingent beneficiary to receive the balance of the 60 monthly payments. If you die after you received 60 monthly payments, benefits will cease and no further benefits are payable to your beneficiary.

FORM OF -PENSION PAYMENTS (continued)

50% Husband & Wife Pension

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. For pension credit earned before January 1, 2010, there is no reduction for this benefit if you have 1/4 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 & Wife Pension

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 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 & Wife Pension

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 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)

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.

DISABILITY PENSION

Please check the box(s) next to the option(s) that you may want. This is **not** your final choice, as you will receive dollar amounts for the options you select prior to the Fund office finalizing your application!

☐ 50% Husband & Wife Pension

☐ LSRA

☐ 75% Husband & Wife Pension

☐ LSRA, 50% Husband % Wife Combination

☐ 100% Husband & Wife Pension

☐ LSRA, 75% Husband & Wife Combination

☐ 120 Certain Payment Options

☐ LSRA, 100% Husband & Wife Combination

☐ LSRA, 120 Certain Payment Options

☐ 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:

Name of the 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 Laborer's 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 Pension 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 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 the who executed the foregoing statement and duly acknowledged to me that they executed the same as their free act and deed for purposes therein contained. In witness whereof I set hereunto set my hand: to me known

AFFIX SEAL:

NOTARY'S SIGNATURE

MY COMMISSION EXPIRES

***Note to Notary: Please list the names of all parties present at signing**

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
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Beneficiary's Name	Date of Birth	Social Security #	Relationship
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FEDERAL TAX WITHHOLDING

IMPORTANT: To elect Federal Tax Withholding please complete the enclosed W-4P Federal Income Tax Withholding Form. If you have questions regarding the W-4P you may wish to consult a licensed tax advisor.

STATE TAX WITHHOLDING

_____ 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.

_____ **I DO NOT** want to have any 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 the following dollar amounts:

\$ _____ State

_____ In accordance with the following percentages:

\$ _____ State

Participant's Signature

Date

*Note: Application must be signed and dated to be valid.

Withholding Certificate for Periodic Pension or Annuity Payments

OMB No. 1545-0074

2023

Give Form W-4P to the payer of your pension or annuity payments.

Step 1:
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step and how to elect to have no federal income tax withheld (if permitted).

Step 2:
Income
From a Job
and/or
Multiple
Pensions/
Annuities
(Including a
Spouse's
Job/
Pension/
Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Reserved for future use.

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019. If you have self-employment income, see page 2.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ Multiply the number of other dependents by \$500 . . . \$ Add other credits, such as foreign tax credit and education tax credits \$ Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . .	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . (b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . (c) Extra withholding. Enter any additional tax you want withheld from each payment . . .	4(a)	\$
		4(b)	\$
		4(c)	\$

Step 5:
Sign
Here

Your signature (This form is not valid unless you sign it.)

Date

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, you should enter the self-employment income in Step 4(a). Then compute your self-employment tax, divide that tax by the number of payments remaining in the year, and include that resulting amount per payment in Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if your self-employment income multiplied by 0.9235 is over \$160,200.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2.

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Specific Instructions *(continued)*

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2023, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*



1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$ _____		
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately </td> </tr> </table>	{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	2	\$ _____
{	<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 				
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$ _____		
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,850 if you're single or head of household. • \$1,500 if you're married filing separately. • \$1,500 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,000 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$ _____		
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$ _____		
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$ _____		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



MASSACHUSETTS LABORERS' PENSION FUND

P.O. Box 1501, 1400 District Avenue, Suite 200

Burlington, Massachusetts 01803

Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

Massachusetts Laborers' Pension Fund Direct Deposit Authorization Form

I hereby authorize the Massachusetts Laborers' Pension Fund, hereinafter called the "Fund", to initiate direct deposit credit entries to my () Checking () Savings account (*please select one*) at the bank named below, hereinafter called the "Bank" and to credit the same to such account.

Name of Bank: _____ **Branch** _____

City: _____ **State/Prov:** _____ **Zip:** _____

Bank Telephone#: _____ **Ext:** _____

Routing #: _____ **Acct #:** _____

If you do not know your account number or routing number, please call your bank and request this information. Be sure to identify whether it is a checking account or savings account.

This authorization is to remain in full force and effect until the "Fund" has received WRITTEN notification from me of its termination in such time and in such manner *as* to afford the "Fund" and "Bank" reasonable opportunity to act on it.

**Pensioner/
Beneficiary Name:** _____
(Please print)

**Pensioner/
Beneficiary Soc. Sec #:** _____

**Pensioner/
Beneficiary
Signature:** _____
(Name) (Date)

Home Telephone #: _____ **Local #:** _____
(In case we have difficulty with this form)

NOTE: All written credit authorizations must provide that the receiver may revoke the authorization only by notifying the originator in the manner specified in this authorization.

PLEASE COMPLETE THIS FORM TO RECEIVE YOUR PENSION CHECKS

MANDATORY



MASSACHUSETTS LABORERS' PENSION FUND

P.O. Box 1501, 1400 District Avenue, Suite 200

Burlington, Massachusetts 01803

Telephone (781) 272-1000 • Toll Free (800) 342-3792 • Fax (781) 272-2226 • pension@mlbf.org

APPLICATION FORM FOR RETIREES' DEATH BENEFIT

I, _____ do hereby make application for a paid-up death benefit certificate in accordance with the rules and regulations and eligibility requirements of the

fund. Amount: **\$3,000.00** Date of birth: _____ Date Retired: _____

Company Name:

FROM:

TO:

I designate to receive the proceeds of the Retiree Death Benefit,

Beneficiary:

Soc.Sec. No.:

Address of Beneficiary:

Relation to Member:

Signature of Member:

Address

Local Union: _____

Signature of Witness: _____

(Someone other than beneficiary)