

**MICHIGAN BAC PENSION FUND
"REQUEST FOR APPLICATION" FORM**

TO: Board of Trustees
MICHIGAN BAC PENSION FUND
6525 Centurion Drive
Lansing, Michigan 48917-9275

I hereby request an Application Form so that I might apply for:

- ___ Normal Retirement Benefits
- ___ Early Retirement Benefits
- ___ Commencement of Deferred Vested Benefits

to be effective _____ 1, 20 _____.
(Month) (Year)

If you are totally and permanently disabled, please indicate the Date of your Disability: _____

I hereby submit the following personal information (please type or print):

Name: First _____ Middle _____ Last _____

Social Security Number or ID Number: _____

Address: Street _____

City _____ State _____ Zip Code _____

Date of Birth: _____ Phone Number: _____

Current Local Union No. (if any) _____ Initiation Date into that Local: _____

If you have had contributions made on your behalf to another Bricklayer Pension Fund within the state of Michigan, please complete the following.

Name of Fund: _____ Location: _____

Local Union #: _____ Year(s): _____

On _____ I intend to retire and remain unemployed or return to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer.

Under the terms of the Plan and Federal Law, in order to retire and be eligible for a benefit from the Fund, you must stop all work for any contributing Employer, even if you are doing non-covered work, and stop all work at any craft or in any industry included within the Jurisdiction of the Union, regardless of who your employer is or whether you are self-employed.

You must retire with the intention of remaining unemployed or returning to work only in a position in another trade, craft and/or industry for someone other than a contributing Employer. If you return to work shortly after you retire, it will be evidence that you did not intend to and did not actually retire.

Name of last Contributing Employer: _____

Phone Number: _____

The last date worked or expected to work before retirement: _____

Please indicate your marital status, where applicable:

_____ Single

_____ Married, number of times _____

_____ Divorced, number of times _____ or widowed _____

If I am divorced or ever have been divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.

If currently married, please indicate the following:

Spouse's Name: _____
First Middle Last

Spouse's Social Security Number: _____

Spouse's Date of Birth: _____

Married on: _____

Month

Date

Year

CONTIGUOUS NON-COVERED EMPLOYMENT

(Complete only if applicable)

Under the provisions of the Plan, employment you may have had with a contributing employer or employers in a capacity other than one, which required that contributions be made to the Fund on your behalf may, under certain conditions, be considered for vesting purposes if you are otherwise less than 100% vested. This is called "continuous non-covered employment" and is subject to verification. If, at any time since September 1, 1976, you worked in such a capacity, please complete the following:

<u>Name of Employer</u>	<u>Period Worked</u>	<u>Capacity</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CERTIFICATION

I hereby certify that all of the information furnished by me on this Request for Application Form is, to the best of my belief and knowledge, true and complete. I understand that this completed Request Form will be attached to and become part of my Application for Benefits Form and that when I do submit such Application. **I must also submit acceptable proof of my age and, if I am then married, proof of my spouse's age, as well as a photocopy of my Marriage License or Certificate. I also understand that if I am divorced, I must submit a copy of my Judgment(s) of Divorce or Divorce Decree(s) with all attachments, and, if I am widowed, I must submit a copy of my deceased spouse's Death Certificate.**

Signature of Participant

Date

8/2013Rev.