





Pension Application Packet

- Complete and return pension application and "Notice to Spouse of Qualified and Survivor Annuity" form.
- Complete and return W-4P. Pension is federally taxable. It is not state taxable. Check box 1 for no tax or put the amount of monthly tax you want deducted on line 3.
- Complete and sign "Pro-Rata Pension" form whether you have time in other Funds or not.
- Complete and return Direct Deposit Card with voided check.
- Do one of the following concerning benefits that you have earned after June 30, 1997 and return the completed form(s):
 - 1. If taking 100% of benefits since June 30, 1997 complete and return "Joint and Survivor Annuity Rejection Form" and complete "B Benefit for Lifetime only" on 50% "Benefit Selection Form"
 - 2. If electing 50% Joint and Survivor Annuity complete part "A" on 50% election form.
 - 3. If electing 75% Joint and Survivor Annuity complete part "A" on 75% election form.







TO BE COMPLETED BY PARTICIPANT:

(1) Name:			
(2) Addre	SS:		
(6) Local	Union:		
(7) TYPE	OF RETIREMENT:		
	Early Unred	cirement (Age 65 or older) Educed Retirement or Deferred Vested aced Retirement (Age 55-61) Allowance (Proof of approval from Se	,
✓		rresponding Direct Deposit Card with	
			ats to which I may be entitled under the nd Plan Document and all amendments
Witness		Signature of Participant	Date
This Application	n is accepted:		
This Application	n is not accepted because: _		
UNION TRUS	TEES:	EMPLOYER 7	ΓRUSTEES:







The Plan Will Need Copies of the Following

Birth Certificate	
Social Security Card (pensione	
	at Issued Picture ID (pensioner and spouse if any)
Marriage License If Applicable	e
SPOUSE INFORMATION:	
Name of Spouse:	
Spouse Social Security Num	ber:
Spouse Date of Birth:	
Spouse Telephone Number:	
Date Married:	
	(Please provide a copy of your marriage License)
	Signature of Participant
DESIGNATED BENEFICIARY (If other	than spouse)
Beneficiary Information	
Name:	
Social Security Number:	
Address:	
• • • • • • • • • • • • • • • • • • • •	nsion payments for Normal Retirement, Early Retirement, and Late
	iary will the balance of your monthly pension payments should you
die prior to having received 36 mont	thly payments.)
	Signature of Participant







NOTICE TO SPOUSE OF QUALIFIED JOINT AND SURVIVOR ANNUITY

Note: This form applies only to benefits earned after June 30, 1997

1. WHAT IS A QUALIFIED JOINT AND SURVIVOR ANNUITY (QJSA)?

Federal law requires the AF of L-AGC Building Trades Pension Plan (the "Plan") to pay retirement benefits in a special payment form unless your spouse (the "Participant") chooses a different payment form and you (the Participant's husband or wife) agree to that choice. This special payment form is often called a "qualified join and survivor annuity" or "QJSA" payment form. The QJSA payment form gives your spouse a monthly retirement payment for the rest of his or her life. This is often called an "annuity". Under the QJSA payment form, after the Participant dies, each month the Plan will pay you 50% of the retirement benefit that was paid to your spouse. The benefit paid to you after the Participant dies is often called a "survivor annuity" or a "survivor benefit." You will receive this survivor benefit for the rest of your life.

EXAMPLE

Pat Doe and Pat's spouse, Robin, receive payments from the Plan under the QJSA payment form. Beginning after Pat retires; Pat receives \$600 each month from the Plan. Pat then dies. The Plan will pay Robin \$300 a month for the rest of Robin's life.

2. HOW CAN YOUR SPOUSE CHANGE THE WAY BENEFITS ARE PAID?

The Participant and you will receive benefits from the Plan in the special QJSA payment form unless the Participant chooses a different payment form on the Employee Election Form and you agree to that choice. If you agree to change the way the Plan's retirement benefits are paid, you must sign the Join and Survivor Rejection Form and you will give up your right to the special QJSA payments.

3. DO YOU HAVE TO GIVE UP YOUR RIGHT TO THE QJSA BENEFIT?

Your choice must be voluntary. It is your personal decision whether you want to give up your right to the special QJSA payment form.

4. WHAT OTHER BENEFIT FORM CAN THE PARTICIPANT CHOOSE?

If you agree, the Participant can choose to have his or her retirement benefits paid for his or her lifetime only with no further payments to be made to anyone after the Participant's death. That payment form will give the Participant larger retirement benefits while he or she is alive, but will not pay you any benefits after the Participant dies.

5. CAN THE PARTICIPANT MAKE FUTURE CHANGES IF YOU WAIVE THE QJSA PAYMENT FORM?







If you waive the QJSA payment form, you agree that benefits under the Plan will be paid in the form stated in the Benefit Selection Form. The Participant can change back to the special QJSA payment form (but only before benefit payments actually start) without getting your agreement.

6. CAN YOU CHANGE YOUR MIND AFTER YOU SIGN THE EMPLOYEE AUTHORIZATION AND RELEASE FORM?

You cannot change the Benefit Selection Form or the Joint and Survivor Rejection Form after you sign them. Your decision is final.

7. WHAT HAPPENS TO YOUR ELECTION WITH RESPECT TO THE PARTICIPANT'S RETIREMENT BENEFITS IF YOU BECOME SEPARATED OR DIVORCED?

Legal separation or divorce may end your right to survivor benefits from the Plan even if you do not waive the QJSA payment form. However, if you become legally separated or divorced, you might be able to get a special court order (which is called a Qualified Domestic Relations Order or "QDRO") that would give you rights to receive retirement benefits even if you waive the QJSA payment form. If you are thinking about separating or getting divorce, you should get legal advice on your benefits from the Plan.

8. WHAT SHOULD YOU KNOW BEFORE WAIVING THE QJSA PAYMENT FORM?

This is a very important decision. You should think very carefully about whether you want to waive the QJSA payment form. Before waiving your rights, be sure that you understand what retirement benefits you may get and what benefits you will no longer be able to receive. For a decision of the benefit payment options and amounts available under the Plan, please refer to the Benefit Selection Form.

The Participant should have received information on the types of retirement benefit's available from the Plan. If you have not seen this information, you should get it and read it before you sign this agreement. For additional information, you can contact the Plan Administrator.

9. ACKNOWLEDGEMENT OF RECEIPT

Name of Spouse (Please Print)	
Signature of Spouse	Date
Witness	Date

I hereby acknowledge that I have received and have read this Notice







JOINT AND SURVIVOR ANNUITY REJECTION FORM

Note: This form applies only to benefits earned after June 30, 1997

Participant Name Participants SSN			
I	ELECTION TO WAIV	E JOINT AND SURVIVOR ANNUITY	
have the right to waive t	he form of the payment, privor Annuity and the final	nowledge that I fully understand my benefits under the Plan and that I provided that my spouse consents to the waiver; that I understand the notal effect of a waiver; that I may revoke any waiver in effect prior to	
I hereby elect to waive th	e Joint and Survivor Annu	ity Form of Payment.	
Participant Signature		Witness	
Date		Date	
received under a Joint & I understand that my sperecognize that because o would be if I had the Join I understand that I do not	Survivor Annuity and that ouse cannot choose a diff this rejection, the Pension and Survivor Protection. Thave to sign this form. I	signing this agreement, I may receive less money than I would have I will not receive a benefit from the Plan after my spouse's death. Ferent form of retirement benefit unless I agree to change. I further on paid to my spouse while he or she is living will be higher than it am signing this form voluntarily. I understand that if I do not sign this from the Plan in a Joint and Survivor Annuity.	
Spouse Signature		Date	
	day of	, 20	
		o me to be the person described in and who executed the foregoing	
Notary Public			







50% JOINT AND SURVIVOR BENEFIT SELECTION FORM

Note: This form applies only to benefits earned after June 30, 1997

Participant Name		Participants SSN		
You must make a decision as to how b	penefits are paid to you.			
	& Survivor Form, you tak	Plan to have a Joint & Survivor Annuity as the normal e smaller payments during your lifetime in order to assure f your early death.		
and have your spouse either A or B t	to indicate your selection. and Survivor Annuity Rejection.	are listed below. After you have made your decision, sign If you DO NOT select the Joint & Survivor Form, you ction Form and have both of your signatures notarized on		
A. 50% JOINT & SURVIVOR	<u>ANNUITY</u>			
§ for the remain	for the remainder of your lifetime			
\$ to your spous	to your spouse for the remainder of her lifetime should you predecease your spouse			
		named my Joint Annuitant and is to receive a monthly 19% of my monthly benefit and I understand my benefit for		
Participant Signature	DATE	Spouse Signature		
WITNESS	DATE	WITNESS		



WITNESS





P.O. Box 1492 Mobile, AL 36633 (251) 438-4765

75% JOINT AND SURVIVOR BENEFIT SELECTION FORM

Note: This form applies only to benefits earned after June 30, 1997 Participants SSN Participant Name You must make a decision as to how benefits are paid to you. The Employee Retirement Income Security Act requires this Plan to have a Joint & Survivor Annuity as the normal payable benefit. By electing the Joint & Survivor Form, you take smaller payments during your lifetime in order to assure that benefit payments will continue to your spouse in the event of your early death. The monthly payments for each form of retirement benefit for are listed below. After you have made your decision, sign and have your spouse either A or B to indicate your selection. If you DO NOT select the Joint & Survivor Form, you MUST complete the attached Joint and Survivor Annuity Rejection Form and have both of your signatures notarized on both this Application and the Rejection Form. 75% JOINT & SURVIVOR ANNUITY for the remainder of your lifetime to your spouse for the remainder of her lifetime should you predecease your spouse My spouse, as indicated on Part I of my application, is hereby named my Joint Annuitant and is to receive a monthly survivor pension for life after my death in an amount equal to 75% of my monthly benefit and I understand my benefit for life is thereby reduced. Spouse Signature Participant Signature DATE

DATE

WITNESS







RETIREMENT DECLARATION FOR A PRO-RATA RECIPROCAL PENSION AGREEMENT

This Plan has the authority to enter into and to implement a reciprocity agreement with one or more other pension plans. Under reciprocity agreement(s), this Plan provides a pension to you if you are eligible for a pension under the terms of the Plan and the reciprocity agreement. If this pension plan receives contributions from a Related Plan on your behalf, you will receive Hours of Service credit as if the transferred contributions were made for hours of Covered Service under this Plan and were Employer Contributions as defined in this Plan. A "Related Plan" is defined as a pension plan, duly recognized by the Trustees, with which the Trustees have entered into a reciprocal agreement regarding transfer of contributions.

I hereby understand and acknowledge that I am applying for a Pro-Rata Pension from the following Related Funds under

City, State Zin Code	- Date
Street Address	Applicant's Social Security No.
Applicant's Name	Applicant's Signature
I understand that receipt of a Pro-Rata Pension b provisions, rules and definitions relating to "retir	penefit from each Related Fund is subject to each respective Fund's rement".
d	
c	
b	
a	
an applicable Reciprocal Pension Agreement:	







Authorization Agreement for Direct Deposit of Pension Benefits

I hereby authorize the AF of L – AGC Building Trades Pension Plan and the financial institution listed below to electronically deposit my net pension check to the specified account each month. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of any benefits to which I am entitled.

If funds to which I am not entitled are deposited to my account I hereby am responsible to the AF of L – AGC Building Trades Pension Plan to return the funds.

Pensioner Name	Phone #	Social Security Number
Checking (attach a voided check)	Savin	ngs (attach a deposit slip)
All Account Holders Nam	es (Pensioner must be ar	account holder)
Bank Name	Bank	x Phone Number
Bank City, State, Zip	Bran	ch Name
Bank ABA/Routing #	Acco	unt Number
Signature	Date	



Signature





P.O. Box 1492 Mobile, AL 36633 (251) 438-4765

CHANGE OF ADDRESS REQUEST

In order to update your contact information please complete this form and return it to our office at your earliest convenience. Please be sure to sign and date the request at the bottom.

Name:	
Address:	
Address:	
Telephone Number:	
Social Security Number:	
OF SOMEONE NOT IN Y	OUR HOUSEHOLD THAT WE CAN CONTACT IF Y
OF SOMEONE NOT IN Y	
OF SOMEONE NOT IN Y AILABLE: Name:	YOUR HOUSEHOLD THAT WE CAN CONTACT IF Y
OF SOMEONE NOT IN YAILABLE: Name: Address:	OUR HOUSEHOLD THAT WE CAN CONTACT IF Y
OF SOMEONE NOT IN YAILABLE: Name: Address: Address:	OUR HOUSEHOLD THAT WE CAN CONTACT IF Y

Date







Electronic Communication Consent and Authorization

In an effort to enhance timely and effective communication between the Plans' and participants and beneficiaries, an Email Distribution System has been implemented. The A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans must mail notices to participants and beneficiaries by regular U.S. Mail, unless consent in writing to receive notices by electronic mail (email) is given. To receive electronic notifications from the Plans, **you must complete and return this form**. If you do nothing, you will continue to receive all required notices through standard U.S. Mail.

I hereby authorize and consent to the A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans to use an electronic mail format, in lieu of U.S. Mail, to notify me of the following official Plans' notifications:

- Summary Annual Reports
- Trust & Plan Document Amendments
- Summaries of Material Modifications
- Summary of Benefit Coverages
- 204(h) Notices

- OJSA Notices
- COBRA Notices
- Benefit Statements
- Annual Funding Notices
- Self-Pay Notices

By Signing Below, I understand that the A.F. of L. – A.G.C. Building Trades Welfare & Pension Plans will discontinue sending future notices by regular U.S. Mail and will instead email notifications to the email address on this authorization form in PDF format, unless the Plans receive written notification from me that I intend to revoke this authorization and return to receipt of notification by regular U.S. Mail. I also understand that if I wish to discontinue receiving my notifications electronically or I change my email address, it is my obligation to notify the Plans in writing or the Plans will continue to rely on this authorization. The Plans have informed me that there will be no charge if I withdraw my consent. I understand that I have the right to request and obtain a paper version of any electronically furnished document.

Participant Name:	
Telephone Number:	
Email Address:	
Participant Signature:	

This Form can be mailed to: P.O. Box 1492 Mobile, AL 36602 Or faxed to: (251) 432-0590

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer.

OMB No. 1545-0074

Department of the Treasury		Give Form W-4 to your employer. Your withholding is subject to review by the IRS.			<u> </u>			
Internal Revenue Se		rst name and middle initial	Last name	15.	(b) \$0	cial security number		
Step 1:	(a) 11	St harrie and middle initial	Last name		(5) 30	ciai security number		
Enter Personal Information	Addre	town, state, and ZIP code			name of card? I credit for contact	our name match the on your social security if not, to ensure you get or your earnings, t SSA at 800-772-1213		
	(0)	or go to www.ssa.gov.						
	[(0)	(c)						
		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.)						
		4 ONLY if they apply to you; otherwisen withholding, other details, and privace		2 for more informatio	n on ea	ich step, who can		
Step 2: Multiple Job	os	Complete this step if you (1) hold moralso works. The correct amount of wi						
or Spouse		Do only one of the following.						
Works		(a) Reserved for future use.						
		(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resu	It in Step 4(c) below;	or			
		(c) If there are only two jobs total, yo option is generally more accurate higher paying job. Otherwise, (b) i	than (b) if pay at the lower pa					
		TIP: If you have self-employment inco	ome, see page 2.					
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Forn			s. (You	r withholding will		
Step 3:		If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):				
Claim		Multiply the number of qualifying of	children under age 17 by \$2,0	00 _\$				
Dependent and Other		Multiply the number of other depe	endents by \$500	\$	-			
Credits		Add the amounts above for qualifying this the amount of any other credits.		ents. You may add to	3	\$		
Step 4 (optional): Other		(a) Other income (not from jobs). expect this year that won't have we This may include interest, dividend	vithholding, enter the amount	of other income here.		\$		
Adjustments	S	(b) Deductions. If you expect to clain want to reduce your withholding, uthe result here				\$		
		(c) Extra withholding. Enter any add	itional tax vou want withheld ϵ	each pay period	4(c)			
		(,		1.71		17		
Step 5: Sign Here		penalties of perjury, I declare that this cert	•	dge and belief, is true, co	orrect, a	nd complete.		
	Em	oloyee's signature (This form is not va	alid unless you sign it.)	Da	te			
Employers Only	Emplo	oyer's name and address		I I	, ,			