

BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL UNION NO. 6 OHIO  
PENSION PLAN

APPLICATION FOR RETIREMENT BENEFITS

Gentlemen:

I, \_\_\_\_\_ (Social Security No.) \_\_\_\_\_, hereby apply for (check one) Normal \_\_\_\_\_, Early \_\_\_\_\_, Disability \_\_\_\_\_, retirement in accordance with Bricklayers & Allied Craftworkers Local No. 6 Ohio Pension Plan. My date of birth is \_\_\_\_\_, my retirement is to be effective \_\_\_\_\_ and payments are to begin as of \_\_\_\_\_.

If my application is approved and retirement benefits granted, I agree to be bound by all the terms and provisions of the plan as they may affect the adjustment, suspension or discontinuance of such retirement or disability benefits.

I understand that if at the time of my death, the aggregate pension payments made to me total less than \$100.00 for each dollar of my future service benefit a death benefit will be payable to my beneficiary and the amount of such death benefit will be equal to the difference calculated as described above, limited to a maximum death benefit payment of \$10,000.00.

If a death benefit is payable at my death, such benefit is to be paid to:

_____ Name	_____ Social Security Number
_____ Address	_____ Date of Birth (Attach Proof)
_____ City                      State                      Zip Code	

Checks should be made payable to me using the name as signed below and should be forwarded to the following address:

_____ Street			
_____ City	_____ State	_____ Zip Code	_____ Signature
_____ Telephone Number		_____ Date	

**You must include copies of the following, as applicable: Birth Certificate or other proof of birth for yourself and your named Beneficiary, Proof of Marriage, Death Certificate.**

Return this application along with the required documents to:

Pension Fund Trustees  
Bricklayers & Allied Craftworkers  
Local Union No. 6, Ohio  
618 High Avenue, N.W.  
Room #11  
Canton, Ohio 44703