

Michigan Laborers' Pension Fund

Request for Application Form

Attached is the form used to request an Application for Normal, Unreduced Early, or Early Retirement Benefits or to begin payment of Deferred Vested Benefits under this Pension Fund. Because of the requirements of Federal Law, the processing of pension applications has become much more involved and time consuming. You must submit the attached Request Form no more than 90 days and no less than 30 days before your intended retirement date if you want to receive pension benefits beginning on that date.

The requested information is necessary to allow the Fund Office to estimate the amount of monthly benefits to which you will be entitled under the normal Benefit Option and the available Benefit Options, which will assist you in selecting the Benefit Option you wish to receive. The Estimated benefit amounts and related information will be mailed to you with an Application Form and instructions for completing it.

If you are divorced or if your spouse or ex-spouse has passed away, it will be necessary for you to furnish this office, prior to your retirement, with a complete copy of your Judgment of Divorce with all attachments and/or amendments or a copy of your spouse's or ex-spouse's Death Certificate(s). The Judgment of Divorce will be kept in strict confidence and will be forwarded to the Fund's Legal Counsel to determine if any pension benefits are payable to your ex-spouse at your retirement.

If you want, you may make an appointment for yourself, and your spouse, if you are married, to come to the Fund Office to review your pension options and fill out your Application for Benefits. To do so, simply call or write the Fund Office at 6525 Centurion Drive, Lansing, Michigan 48917-9275, Toll Free 877-MI-LABOR (877-645-2267) or (517) 321-7502 or FAX (517) 321-7508.



Michigan Laborers' Pension Fund

Request for Application Form

TO: Board of Trustees
Michigan Laborers' Pension Fund
6525 Centurion Drive
Lansing, Michigan 48917-9275

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

- Normal Retirement Benefits
- Unreduced Early Retirement Benefit (Index _____ or 30 years and out)
- Early Retirement Benefits
- Commencement of Deferred Vested Benefits

to be effective on the first day of _____, _____.
(Month) (Year)

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

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

Name: First Middle Last

Member Identification 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 pension contributions made in your behalf to another Pension Fund outside the State of Michigan covering employees represented by the Laborers' International Union of North America, please complete the following:

Name of the Fund _____ Location _____

Local Union # _____ Year(s) worked in that area _____

Name of the Fund _____ Location _____

Local Union # _____ Year(s) worked in that area _____

The last date worked or expected to work before retirement _____
(If date is not completed, we will assume that you will continue to work through the month immediately preceding the effective date you indicated above.)

Name of last contributing Employer: _____

Phone Number: _____

Please indicate your marital status, where applicable:

- Single
- Married, number of times _____
- Divorced, number of times _____ or widowed _____

If currently married, please indicate the following:

Spouse's Name: First Middle Last

Spouse's Member Identification Number: _____ Date of Birth: _____

Married on: Month Date Year

MILITARY SERVICE INFORMATION: The Plan provides that you may receive credit for periods that you spent in military service or certain civilian U.S. Government service, provided that you satisfy certain requirements. If you believe that you may be entitled to such credit for your military or civilian U.S. Government service, please submit a copy of your honorable discharge papers from military service or civilian service discharge papers.

YEARS OF SERVICE FOR ON-THE-JOB INJURY: The Plan provides that you may receive additional credit if after September 1, 1976 you suffered an on-the-job injury while performing covered work for a contributing employer. If you believe that you may be eligible for credit because of such on-the-job injury, please provide the Fund Office with a photocopy of the Notice of Commencement of Workers Compensation Payments, copies of workers' compensation payment check stubs from the insurance carrier or a letter from the insurance carrier indicating the beginning and ending date of payments and the weekly rate of payment and a photocopy of any Redemption Award that you may have received.

CONTIGUOUS NON-COVERED EMPLOYMENT (Complete if applicable): The Plan provides that after September 1, 1976 employment you may have had with a contributing employer or employers for which no pension contributions were required in your behalf may, under certain conditions, be considered for vesting purposes if you are less than 100% vested. If you believe you may have worked in Contiguous non-covered employment, please provide the Fund Office with the name of that Employer, the period of time worked and the job at which you worked for their review.



CERTIFICATION

I hereby certify that all of the information furnished by me on this Request 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 _____