

# Cement Masons & Plasterers Trust Funds

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR INDIVIDUAL ACCOUNT BENEFITS

(benefits not provided for work in Alaska)

*Please print or type the following:*

Name: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_ City & State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M  F  Phone No.: \_\_\_\_\_ Local No.: \_\_\_\_\_

Marital Status: Never Married  Married  Widowed   
Divorced  Separated  \_\_\_\_\_ Date of Divorce/Legal Separation

**If your marriage was dissolved after December 31, 1984, your election of benefits may be subject to the rights of prior spouse and you are required to attach a copy of your dissolution decree and property settlement agreement and/or Qualified Domestic Relations Order.**

### IF MARRIED, PLEASE ENTER SPOUSE'S NAME, BIRTH DATE AND SOCIAL SECURITY NUMBER:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address of Beneficiary: \_\_\_\_\_

Name of present or most recent employer in the industry: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

My last date of employment in the industry was/will be: \_\_\_\_\_

In accordance with the terms of the Plan, I hereby request payment of benefits from my individual account. I agree to furnish any information which the Trustees may require for determination of my eligibility for a benefit or the amount thereof.

#### NOTARIZATION

*Subscribed and sworn to before me*

*this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_*

*Notary Public in and for the State of \_\_\_\_\_*

*Residing at \_\_\_\_\_*

\_\_\_\_\_  
YOUR SIGNATURE (Participant)

\_\_\_\_\_  
DATE

**NOTE:** If the value of your distribution is \$5,000 or more, the Trust is required by the Plan document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be sent to you upon receipt of your application.

**For Office Use Only:**

**Qualifier:**

Benefit \$ \_\_\_\_\_  Disability (Acct# \_\_\_\_\_, Eff. date \_\_\_\_\_)

Payment Date \_\_\_\_\_  Disability (Acct# \_\_\_\_\_, Eff. date \_\_\_\_\_)

Computed by \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Date \_\_\_\_\_

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