

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
Phone: (877) 367-0528 • Fax: (206) 695-0984 • Website: www.cementmasonstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

THE RETIREMENT STEPS BELOW ARE FOR YOUR INFORMATION ONLY AND ARE NOT TO BE CONSTRUED AS A PROMISE OF BENEFITS.

The following is a list of the steps necessary to complete your retirement process. If at any time you have questions regarding your retirement, please feel free to call us and we'll be happy to assist you. Please check off the steps as they are completed:

Complete Your Retirement Applications

When you wish to retire, you must complete a Retirement application in order to receive retirement benefits. Applications are available from the Administration Office, your Cement Masons and Plasterers Local 528 Union Office or you may print one from the website at www.cementmasonstrust.com.

- Pension App
- Individual Account (IA) App
- 401(k) App (only applicable if you worked after 6/1/22)

Please allow at least 30-60 days from receipt of your original application by the Administration Office for your retirement to be processed. You must follow all instructions on the application and submit the original to the Administration Office, along with the following documents applicable to you:

- A photocopy of a Birth or Baptismal Certificate
- A complete copy of any and all Divorce/Legal separation decree(s) with property settlement agreements, and Qualified Domestic Relation Orders (if applicable)

Receive your Election Packet

Once your applications are received by the Administration office, you will be sent a packet of paperwork personalized for you (and your spouse if applicable). This packet will include your Election form for your Retirement and Individual Account Benefits (which quotes your monthly benefit amount with all options available to you), Tax form and Bank form.

Complete and Return your Election Packet Forms

Election Form

Your Election form must clearly indicate the retirement option you wish to receive. Both you and your spouse (if applicable) must make your Election and sign the form in front of a Notary Public. If you elect to receive one of the Survivor Options, you must also send:

- A photocopy of a Birth or Baptismal Certificate your spouse
- A copy of your Marriage Certificate
- If either you or your spouse have changed your name due to marriage, divorce, or any other reason, it is necessary that you submit supporting documents such as Marriage Certificate(s), or other legal documents pertaining to the name change.

Tax Form

All of your retirement is subject to Income Tax. Federal Income Tax will be withheld based upon your instructions.

Bank Form

We recommend you have your monthly retirement payment sent electronically to your bank each month. Payments are sent to your bank for a deposit on the 1st of each month.

Retirement (pension and IA) Benefits Approved

When your completed retirement paperwork has been received, processed and approved by the Administration Office, you will receive a letter advising when your retirement benefit payments will begin. If late hours are received from your employer following your retirement, your benefits will be increased retroactive to your retirement date once all hours are received.

401(k) Benefits Approved

When your completed 401(k) paperwork has been received, processed and approved by the Administration Office, the record keeper will be directed to issue your distribution in the form of payment elected.

Congratulations!

If all the steps are checked above you have completed the retirement process. Thank you for all your years of service with the Cement Masons & Plasterers Retirement Plan.

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APPLICATION FOR RETIREMENT

1. Name _____ 2. Social Security No. _____
3. Mailing Address _____ City & State _____ Zip Code _____
4. Union Local # _____ 5. Home Phone #(_____) _____ 6. Birth Date* _____
- Cell Phone # (_____) _____ Email _____

***NOTE: Please attach a copy of your state issued Birth Certificate.**

7. Type of Retirement for which you are applying: (check one)
 Normal Special Early Early Disability
 *If you are electing early retirement with the intention of converting to a disability retirement upon Social Security approval, please ensure you advise the administration office, and complete supplemental form.

8. Marital Status (past and present):
 Never Married Married Widowed Separated Divorced – Date of Separation/Divorce** _____
****If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

9. If currently married, please enter spouse's name, birth date and social security number:
 Name _____ Birth Date _____ Social Security No. _____

10. Name of Beneficiary: _____ Relationship _____

11. Address of Beneficiary: _____

12. Name and address of most recent employer in the industry: _____
 _____ Last day worked: _____

Name and address of current employer (if different from above): _____
 _____ My last date of employment was/or will be: _____

If you are working in WA and plan to retire while still employed, you must submit a current detailed job description.

Have you at any time been an owner, partner, corporate officer or otherwise involved in the management of any business while covered by an Operative Plasterers and/or Cement Masons International Association Union contract? Yes No
 If you replied yes, please provide the information requested below and additional information may be requested:

Position of Ownership or Management	Name & Address of Business

13. List all local unions in which you have held membership or under whose jurisdiction you have worked in the industry.

Local Union No.	City and State	Dates of Membership			
		From Month	Year	To Month	Year

14. In accordance with the terms of the Plan, I hereby request that my _____ retirement
 (Normal, Special Early, Early or Disability)
 be effective _____. I agree to furnish any information which the Trustees may require for the determination of my eligibility for a benefit or the amount thereof. **(Unless otherwise stated in the Plan document, your retirement effective date will be the first day of the month following the date your application is received).**

15. I understand that this application can be cancelled by my written request any time prior to the retirement date indicated above. I have fully read and understand the information furnished in the Cement Masons and Plasterers Retirement Plan booklet.

Witness

Member Signature

Address of Witness

Date

SEE REVERSE SIDE

CERTIFICATION OF EARLY RETIREMENT (for participants under age 63)

To be deemed retired and qualified for Special Early or Early Retirement benefits, a participant must separate and completely refrain from all employment with a contributing plan employer, regardless of whether the employment is covered by a Collective Bargaining Agreement.

*I understand the above stated rule and agree that **if any** hours are worked in the month I elect to retire; I will not be deemed retired and my retirement effective date will be changed to the first day of the month in which no hours are worked.*

Signature

Date

RE-EMPLOYMENT AFTER RETIREMENT RULES (for ALL participants)

Under the Plan, you are required to notify the Trust Office if you return to "post-retirement service." Post-retirement service means employment:

1. within the State of Washington or Alaska;
2. in an industry in which Employees earning Credited Service are employed, whether or not such employment is under the terms of the Collective Bargaining Agreement or associate agreement, or in a supervisory capacity over such job classifications; and
3. in a trade or craft in which the Employee was employed while earning Credited Service, or in a supervisory capacity over such trade or craft.

Retirees age 63 or over may return to post-retirement service for 350 hours in a Plan Year (January through December) without a suspension of monthly retirement benefits. Thereafter, retirement payments are suspended for any month in which the retiree works more than 40½ hours in post-retirement service.

Retirees under age 63 may return to work for a **maximum of 500 hours each Plan Year** after a period of retirement of not less than 30 days. If a retiree is employed for one or more hours in any Plan Year after completing 500 hours, retirement payments are suspended for any month in which the retiree works in post-retirement service, **and for an additional six months thereafter.**

I understand the above stated rules regarding Reemployment After Retirement the Cement Masons and Plasterers Retirement Plan. I will notify your office **immediately** if I return to work in employment, which is or may be considered prohibited.

Signature

Date

DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note.)

A) **A copy of one of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

B) **If neither of the preceding are available, copies of any TWO of the following may be submitted:**

1. U.S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. State issued Drivers License
5. Family Bible Entries
6. Life Insurance Policies (at least 10 years old)
7. Marriage License or Application
8. Early School Records
9. Military Records
10. Civil Service Records
11. Children's Birth Certificates
12. Written Certification from Social Security
13. Written Certification of Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.

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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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Cement Masons & Plasterers 401(k) Trust

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APPLICATION FOR BENEFITS

Please print or type the following information:

Name _____ Social Security No: _____

Mailing Address _____ City & State _____

Zip Code _____ Birth Date* _____ Email _____

Home Phone (____) _____ Cell Phone (____) _____ Gender: M F

Marital Status (past& present): Married Never Married Widowed Separated Divorced

Date of Separation/Divorce ** _____

If your marriage(s) was dissolved after December 31, 1984, your election of benefits may be subject to the rights of a prior spouse. **You are required to attach a complete copy of each of your prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.

If you are currently married, your spouse is your beneficiary. Please enter spouse's name, birth date and social security number:

Spouse's Name _____ Birth Date _____ Social Security No. _____

If not married, name of Beneficiary: _____ Relationship _____

Name and address of your most recent employer in the industry: _____

Last date worked _____

Name and address of your current employer (if different from above): _____

_____ My last date of employment was/or will be: _____

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

NOTARIZATION OF EMPLOYEE'S SIGNATURE Subscribed and sworn to before me this _____ day of _____ 20____.		Employee's signature: _____
(Notary Public Signature) Notary Public in and for the State of _____ Residing at _____ My commission expires: _____		Print Employee's Name _____
		Mailing Address: _____

DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note.)

A) A copy of one of the following documents will be acceptable as proof of age:

1. Birth Certificate
2. Baptismal Certificate

B) If neither of the preceding are available, copies of any TWO of the following may be submitted:

1. U.S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. State issued Driver's License
5. Family Bible Entries
6. Life Insurance Policies (at least 10 years old)
7. Marriage License or Application
8. Early School Records
9. Military Records
10. Civil Service Records
11. Children's Birth Certificates
12. Written Certification from Social Security
13. Written Certification of Union Local

NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.

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Explanation of Payment Options

This Explanation of Payment Options provides information regarding the forms of payment available under the Trust, and the election procedures. The following payment options are available:

- Lump Sum Payment:** You receive a one-time, lump sum payment of your entire account balance. You may elect to rollover all or a portion of the lump sum.

- Monthly Installment:** You receive substantially equal monthly payments for an established number of years you specify. If you elect payment of your account balance over a specific number of years, each year, your monthly payment amount shall be recalculated by dividing the remaining balance in your account (adjusted to reflect earnings and expenses) by the remaining number of monthly payments. The default final payment may be a different amount and reflect the remaining balance of the participant's account. Once elected, you may only change or cancel this distribution option once per Calendar Year upon 30 days prior written notice. Undistributed amounts in your account will continue to be credited or charged with the pro rata share of the Trust's earnings and expenses.

- Partial Lump Sum Distribution:** You receive a partial distribution of your account in an amount you specify. You may elect to rollover all or a portion of the lump sum. To be eligible for this distribution option, your account balance must be more than \$5,000. If your account balance is \$5,000 or less, you may only request a complete lump sum distribution of your account balance. Partial distributions are not permitted more frequently than one per Calendar Year. Undistributed amounts in your account will continue to be credited or charged with a pro rata share of the Trust's earnings and expenses. Any remaining amounts in your account may be distributed under any other form of payment provided in this Trust. However, if your account balance is less than \$5,000 following one or more partial distributions, you may only request a complete lump sum distribution of the remaining account balance.

- Minimum Required Distribution (MRD):** If you are no longer working under covered employment your pension must now start on April 1 following the calendar year you reach your required beginning age. This age is 70-1/2 if born before July 1, 1949, or age 72 if born on or after July 1, 1949. If you qualify for an MRD, once you apply and receive your first installment, automatic annual distributions will occur in December of each year thereafter.

- Hardship Distribution:** A hardship distribution may only be made on account of an immediate and heavy financial need of the Participant and in an amount not to exceed the sum necessary to satisfy that financial need. A Participant may receive only one (1) hardship withdrawal in any given twelve (12) calendar month period.