

# Cement Masons & Plasterers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR INDIVIDUAL ACCOUNT BENEFITS

*Please print or type the following:*

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

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

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

Martial 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:**

Benefit \$ \_\_\_\_\_  
Payment Date \_\_\_\_\_

#### Qualifier:

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

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