

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.: _____

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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