BUILDING TRADES ANNUITY BENEFIT FUND
585 STEWART AVENUE, SUITE 330
GARDEN CITY, NEW YORK 11530

Phone: 516-740-5404 **Fax: 516-740-5410** **email: kxs@dickinsongrp.com**

DATE:

NAME:
ADDRESS:
ADDRESS:

Dear Participant:

Your request for your annuity benefits has been received at the Fund Office. Enclosed is the preliminary application.

Please fill out the information requested on the application and return it to the Fund Office. The first paragraph on the application tells you what documentation we require to process your application.

When we receive the application back with the required documents we will send you out another set of forms to be filled out and notarized. Upon completion of these forms, if you are awarded the benefits, you will receive a letter in the mail letting you know that you have be approved and the amount of the check you will receive.

You will receive 75% of the benefit and the balance of 25% when the next interest quarter is posted. The 25% will automatically be sent to you. If you elect a lump sum payment, the balance will also be sent directly to you in a lump sum. If you choose a rollover distribution, the balance will be rolled over into the same IRA or other qualified plan.

If you have any questions, please contact me at the number listed above.

Sincerely,

Alexandria Koufos

Alexandrea Koufos
Fund Office Administrator

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585 STEWART AVENUE, SUITE 330
GARDEN CITY, NEW YORK 11530

516-740-5404

Preliminary Application

Your request for your annuity benefits has been received at the Fund Office In order for us to provide you with benefit payment amounts and options, it is necessary for you to complete fully this form and return the completed form with a **copy of your birth certificate (proof of age). If you are married, we will need a copy of your marriage certificate and spouse's birth certificate. If you were married and your spouse is deceased, attach a copy of the death certificate. If you were married and divorced please submit a copy of your divorce decree.**

Please Print All Information

Full Name: _____ Phone: _____

Home Address: _____
Street City State Zip Code

Social Security Number: _____ Date of Birth: _____

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widow/Widower

Name of Spouse: _____ Spouse Date of Birth: _____

Date Last Worked: _____Date You Wish To Retire: _____

Are You Totally Disabled? _____ If yes, attach a copy of your Social Security Disability Award.

List all of your Building Trades Employers Who Were Required to Contribute to Our Fund

Employer Name	Date Employed
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

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Reason For Application

I hereby apply for benefits for the following reasons: (check appropriate box)

[ ] I have not worked in covered employment for five years.

[ ] I retired on _____.

[ ] I am totally and permanently disabled. A copy of my Social Security Award is attached.

Documentation Required for All Applicants

A copy of your birth certificate is required. In the event such a document is not available, a copy of a baptismal or similar certificate will be acceptable provided you also submit one of the following: Naturalization Record, Military Record, Confirmation Certificate School Record of Life Insurance Policy if it is at least five years old.

Additional Documentation of Applicants for Disability Benefit

The Plan requires that you have a Social Security Disability Award in order to qualify for a Disability Benefit. You must submit a copy of the Award with this application.

Notice

I understand that a false statement on this application may disqualify me for benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement. I have read the foregoing Notice and I certify to the completeness and accuracy of this application. I further certify that, prior to this date I have never applied for benefits from the Building Trades Annuity Fund.

_____ Date: _____
Signature of Applicant

Records Checked By: _____

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