RESIDENTIAL BUILDING LABORERS BENEFIT PLAN (LOCAL 55)

LABORERS BENEFIT PLAN (LOCAL 3)

BENEFIT APPLICATION FOR PARTICIPANTS

YOU MUST INCLUDE A COPY OF YOUR DRIVER'S LICENSE OR GOVERNMENT-ISSUED PHOTO ID

MAIL APPLICATION TO: NEW JERSEY BUILDING LABORERS STATEWIDE ANNUITY FUND 485 US Highway 1 South,
Building B Suite B401, Iselin NJ 08830

You may drop the application off at the Fund Office – please call ahead of time. **PHONE:** 201-963-0633 or toll free 866-999-0300485

Please read this application carefully before answering any questions. If any part of this application is not entirely clear, do not hesitate to contact the NJBLS Fund Office for assistance.

WITHDRAWALS ARE ONLY AVAILABLE AT A MAXIMUM OF TWICE A CALENDAR YEAR PLUS ONE YEAR END MANDATORY DISTRIBUTION!

I hereby apply for benefits from the Residential Laborers Building Benefit Plan or Laborers Benefit Plan. The statements made by me are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for Plan Benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement. I acknowledge that I have read the Articles and/or Sections of the Plan Rules and Regulations pertaining to my application.

Section 1		
NAME		
LAST	FIRST	MIDDLE
SOCIAL SECURITY NO	BIRTH DATE	
ADDRESS		
NUMBER ~ STREET		APARTMENT
CITY	STATE	ZIP CODE
HOME OR CELL PHONE NUMBER(S)		
E-MAIL		

ELECTION OF BENEFITS

As per Fund Rules and Regulations: You may withdraw from this account up to twice a calendar year. No Interest will be given and you will be charged an administrative fee (as of May 1, 2020, the administrative fee is 1.5% per disbursement), which will be deducted from your account, at the time of distribution, or annually even if there is no distribution.

Section 2

I wish to receive my accumulated share as follows (Check	c one):
1. In a lump sum withdrawal of <u>all</u> available Res	sidential Laborers Funds from my account
2. In a partial lump sum withdrawal of \$	·
All withdrawals are subject to payment on the next availa and seventeenth of every month. The application must be ten (10) days prior to the run.	
MEMBER'S SIGNATURE	DATE
NJBLS WELFARE FUND REPRESENTATIVE (IN PERSON)	DATE
NOTARY SIGNATURE & SEAL (VIA MAIL)	DATE