

General Building Laborers' Local 66

TRUST FUNDS

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Fund Manager



TRUSTEES:

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Michael Hellstrom
Craig Noller
Josh Slaughter
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PENSION APPLICATION

Instructions

1. Please read each question carefully and answer to the best of your ability.
2. Please print or type all information except where signatures are required.
3. Attach additional sheets if you need more space to answer any questions.
4. You must sign and date this application and obtain notarized signatures where required.
5. You must attach all required proof(s) of birth, marriage, etc. as required in the instructions of this application.
6. You must mail the completed application along with supporting documentation to the Fund Office at 1600 Walt Whitman Road, Melville, NY 11747 and the Fund Office must receive the completed application. You can also drop your application off at the Fund Office.
7. If you need assistance completing this application, have questions regarding any of the requirements contained herein, or wish to receive an estimate of your potential benefit before applying for retirement benefits, please contact the Fund Office at (631) 454-2330.

Application for Retirement

I hereby apply for retirement in accordance with the plan document of the General Building Laborers' Local 66 Pension Plan (the "Fund" or the "Plan").

Name: _____

Social Security Number: _____

Date of Birth: _____

Home Address: _____

Phone Number: _____

E-mail Address: _____

Are you a US Citizen? Yes ☐ No ☐ If No is checked: Citizen of: _____

Age at Retirement: _____

I agree to withdraw from the construction trades for wages, profit or gain, and request my retirement to begin on: _____

I further agree to notify the Board of Trustees of the Fund in writing in advance of my return to work (including self-employment) in the construction trades.

I further agree that pension payments are to be governed in all respects by the provisions of the Fund's plan document.

I further agree to the Trustees' right to recover any payment made to me in excess of the amount to which I am entitled to under the provisions of the Fund's plan document.

Member Signature Date

Sworn to before me this ____ day of _____ 20__.

Notary Public

Statement of Marital Status

THIS PAGE MUST NOTARIZED

If you ARE married:

Spouse's name: _____ Spouse's DOB: _____

Spouse's Social Security Number: _____ Date of Marriage: _____

Please include a copy of your marriage certificate, and proof of your spouse's date of birth

If you are NOT married:

I, _____ hereby state that I am not legally married at this time.
I also state that:

____ I have never been married.

____ I have been married and that marriage(s) ended:

____ By death on (date) _____ (attach copy of death certificate)**

____ By divorce on (date) _____ (attach copy of divorce decree and/or
all other documents evidencing the dissolution of marriage) **

**Repeat again on additional page(s) for additional marriages (if any)

Member Signature

Date

Sworn to before me this _____ day of _____, 20____.

Notary Public

PROOF OF AGE IS NECESSARY FOR THE PROCESSING OF PENSION BENEFITS

In order to be eligible for Fund retirement benefits, you are required to provide proof of your age, as well as your spouse's age, if applicable. The following is a list of the documents which are acceptable as proof of birth. Some of these documents are better proof than others. This list is arranged starting with the best type of proof. You are required to furnish the best type of proof which is available. Additional proof of your birth may be required if the document which you submit is not sufficient.

You do not have to furnish the original of any of these documents: photocopies of your proof are acceptable (unless otherwise indicated below).

1. Driver' s License.
2. Passport.
3. A birth certificate.
4. A baptismal certificate or a statement as to the date of birth shown by a church record certified by the custodian of such records.
5. Notification of registration of birth in a public registry of vital statistics.
6. Hospital birth record, certified by the custodian of such record.
7. Document showing approval of Social Security Pension.
8. Naturalization record (original only).
9. Immigration papers (original only).
10. Military record.
11. Marriage records showing date of birth, certified by the custodian of such records.

Type of Pension Requested

Please refer to the Fund's Summary Plan Description for a complete description of each type of pension.

If eligible, I want to retire with a (check one type of pension below):

_____ Normal Pension

- You're entitled to a Normal Pension at any time after you reach your Normal Retirement Age, which means age 62 (or age 65 for participants for whom contributions were not required to be made to the Fund for at least 200 hours of service performed on or after July 1, 1994) or, if later, the fifth anniversary of the date your participation began.

_____ Service Pension

- If you have completed 30 or more years of Credited Service, you are entitled to a Service Pension at any age.

_____ Early Pension

- You may retire on a reduced Early Pension if you are at least age 55 and have attained vested status. Under this option, your benefit would be reduced by one-half (1/2) of one percent (1 %) for each month payments are made before Normal Retirement Age. However, if you have completed at least 25 years of Credited Service, your Early Pension will not be reduced.

_____ Disability Pension

- You may retire on a Disability Pension if (i) you have at least 10 years of Credited Service; (ii) you had at least 200 hours of Future Service in either of the two Plan Years immediately preceding your date of disability; and (iii) you have an award letter from the Social Security Administration. You must submit a copy of the Social Security Administration Award letter you received together with this application.

Form of Payment Requested

The following section is for married participants only. If you are single, you are not eligible to elect your form of payment. If you are single, you will receive a single life annuity with a 120 month guarantee, provided however, the guarantee will be 60 months instead of 120 if you did not earn at least 1/4 of a year of Credited Service after June 30, 2006.

I want to retire with a (check type of pension below):

- ☐ **50% joint and survivor annuity.** This is the default payment option for married participants. Under this form of payment, if you should die before receiving 60 monthly payments, your spouse will continue to receive the monthly amount you were receiving until a total of 60 monthly payments have been made to the two of you combined. After the 60th payment, your spouse will receive a survivor annuity in the amount of 50% of that amount for the remainder of his or her lifetime. **Married Participants Only.**
- ☐ **75% joint and survivor annuity.** Unlike the 50% survivor annuity, the 75% Optional Survivor Annuity does not include a 60-payment guarantee. As such, under this optional form of payment, your spouse would receive 75% of the amount you were receiving whether or not you died before receiving 60 monthly payments. **Married Participants Only.**
- ☐ **A single life annuity with a 120 month guarantee,** provided, however, that the guarantee will be 60 months instead of 120 if you did not earn at least 1/4 of a year of Credited Service after June 30, 2006.

Information Concerning the 50% Joint and Survivor Annuity and the 75% Optional Surviving Spouse Pension

It is important that you understand that the following conditions apply when making the choice regarding the 50% Joint and Survivor Annuity or 75% Optional Surviving Spouse Pension.

1. You and your spouse must be married to each other when your pension payments begin.
2. Your surviving spouse will only receive the 50% or 75% survivor annuity if you and your spouse have been married for at least one year at the time of your death. If you die before you have been married for at least one year, no benefit will be paid.
3. Once it becomes payable, the monthly amount of the 50% Joint and Survivor Annuity or 75% Optional Surviving Spouse Pension will not be increased if you and your spouse are subsequently divorced.
4. If you reject the 50% Joint and Survivor Annuity, you will have to fill out the appropriate forms for the option under which you want your pension paid and obtain the required spousal consent, contained on the following page.

I have reviewed this application carefully, and I understand the financial effect of choosing an optional payment form. I understand that unless I affirmatively elect otherwise, my pension will be paid as a 50% Joint and Survivor Annuity if I am married. I believe that I have sufficient information to permit me to make an election regarding the distribution of my benefits.

50% Joint and Survivor Annuity Rejection Form Participant Statement

**THIS FORM ONLY NEEDS TO BE FILLED OUT AND NOTARIZED IF YOU AND YOUR SPOUSE
WANT TO REJECT THE 50% JOINT AND SURVIVOR ANNUITY**

I, _____, do not wish to receive my pension benefits in the form of a 50% Joint and Survivor Annuity. I understand that rejecting this form of pension means no benefits will be paid to my spouse by the Plan after my death, unless I elect another option or unless benefits are payable under other sections of the Plan. I hereby swear that the person co-signing this document below is my current and legal spouse.

Member Signature

Social Security #

Date

Spouse's Statement

I, _____ swear that I am the legal spouse of the participant described above. I hereby consent to my spouse's rejection of the 50% Joint and Survivor Annuity. I understand that, as a result, I will not be paid a pension from the Plan after my spouse's death (unless death benefits are payable under another provision of the Plan).

Spouses' Signature

Social Security #

Date

On the _____ day of _____, 20____, before me personally came _____ to me, known to be the person whose name is inscribed above and who executed the foregoing consent and acknowledged that (s)he executed the same of his/her own volition.

Notary Public

Designation of Beneficiary

Complete this form to designate someone as your beneficiary to receive any death benefits from the General Building Laborers' Local 66 Pension Plan that may be payable upon your death.

I, _____, hereby designate the following as my beneficiary to receive, upon my death, any benefits payable under the General Building Laborers' Local 66 Pension Plan:

Primary Beneficiary:

Name: _____ % of benefit: _____

Social Security No.: _____ Date of Birth: _____

Address: _____
Street

_____ City state zip Telephone Number or E-Mail Address:

Additional Primary, or Contingent Beneficiaries:

Name: _____ Type: ☐ Primary ☐ Contingent

% of benefit: _____ Social Security No.: _____ Date of Birth: _____

Address: _____
Street

_____ City state zip

Telephone Number or E-Mail Address: _____

Additional Primary, or Contingent Beneficiaries (continued):

Name: _____				Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
% of benefit: _____		Social Security No.: _____		Date of Birth: _____	
Address: _____					
Street		City		state	zip
Telephone Number or E-Mail Address: _____					
Name: _____				Type: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	
% of benefit: _____		Social Security No.: _____		Date of Birth: _____	
Address: _____					
Street		City		state	zip
Telephone Number or E-Mail Address: _____					

I am aware that this beneficiary designation is null and void if I am married at the time of death and my spouse has not consented to this designation (unless my spouse is the beneficiary). The beneficiary above supersedes any previous beneficiary designation.

Your Signature

Social Security #

Date

***It is your responsibility to complete a new beneficiary designation form if you wish to modify your designated beneficiary at any time. ***

Spouse Statement

Non- Spouse as Beneficiary

***THIS FORM ONLY NEEDS TO BE COMPLETED AND
NOTARIZED IF YOUR SPOUSE IS NOT LISTED AS YOUR
BENEFICIARY***

I, _____ swear that I am the legal spouse
of the participant described above. I understand that as a result of my spouse's
designation of beneficiary, I will not be paid a pension from the Plan after my spouse's
death. I hereby consent to my spouse's designation of beneficiary. I further recognize that
my spouse has designated _____ as beneficiary
to receive payment of any death benefits in the event of the death of my spouse and I
approve such designation.

Spouse's Signature

Social Security #

Date

On the ____ day of _____, 20____, before me personally
came _____ to me known to be the person whose name is
first inscribed above and who executed the foregoing consent, and acknowledged that
(s)he executed the same of his/her own volition.

Notary Public

**Withholding Certificate
for Periodic Pension or Annuity Payments**
Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
	Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)	Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2. Do only one of the following. (a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or (b) Complete the items below. (i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-". . . \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here \$ _____
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TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3-4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here 3(c) \$ _____ Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here 3 \$ _____
Step 4: Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . 4(a) \$ _____ (b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . 4(c) \$ _____

No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld</i> on page 2 <input type="checkbox"/>
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Step 5: Sign Here	Your signature (This form is not valid unless you sign it.) _____ Date _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.



Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions (*continued*)

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.		
a Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$	_____
b Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$	_____
c Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$	_____
2 Add lines 1a, 1b, and 1c. Enter the result here	2 \$	_____
3 Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):		
a Enter \$6,000 if you are age 65 or older before the end of the year	3a \$	_____
b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$	_____
4 Add lines 3a and 3b. Enter the result here	4 \$	_____
5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$	_____
6 Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:		
a Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$	_____
b State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$	_____
c Home mortgage interest. If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$	_____
d Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$	_____
e Other itemized deductions. Enter the amount for other itemized deductions	6e \$	_____
7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$	_____
8 Limitation on itemized deductions.		
a Enter your total income	8a \$	_____
b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$	_____
9 Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • \$768,700 if you're married filing jointly or a qualifying surviving spouse • \$640,600 if you're single or head of household • \$384,350 if you're married filing separately </div>	9 \$	_____
10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$	_____
11 Standard deduction.		
Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • \$32,200 if you're married filing jointly or a qualifying surviving spouse • \$24,150 if you're head of household • \$16,100 if you're single or married filing separately </div>	11 \$	_____
12 Additional standard deduction. If you (or your spouse) are 65 or older.		
Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • \$2,050 if you're single or head of household • \$1,650 if you're married filing separately • \$1,650 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65 • \$3,300 if you're married filing jointly and both of you are age 65 or older </div>	12 \$	_____
13 Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	13 \$	_____
14 Add lines 12 and 13. Enter the result here	14 \$	_____
15 Add lines 11 and 14. Enter the result here	15 \$	_____
16 If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	16 \$	_____
17 Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	17 \$	_____

THIS PAGE MUST BE FILLED OUT

Authorization for Direct Deposit of Pension Check

I _____, do hereby request and authorize the Fund to send my recurring monthly pension check to the bank of my choice for crediting my account as follows:

Name of bank _____

Name as it appears on account _____

Account Number _____

Bank Routing Number _____

☐ **CHECKING ACCOUNT**

☐ **SAVINGS ACCOUNT**

* *It is important that you enclose a **voided check or pre-printed deposit slip** along with this form* *

Signature of Payee

Social Security #

Date

Application Signature Page

I hereby apply for a pension from the General Building Laborers' Local 66 Pension Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits and that the Trustees shall have the right to recover any payments made to me because of a false statement or any other Fund oversight or error.

Applicant Signature: _____

Date: _____

NOTE: You may, at any time prior to the effective date of your pension, change or revoke your election by filing written notice (with spousal consent, if applicable) with the Board of Trustees. If you file this election more than 180 days before the effective date of your pension, the application must be re-filed not more than 180 days before the effective date of your pension.

For internal use only:

Date application received: _____

Received by: _____

Date application reviewed: _____ Reviewed
by: _____

GENERAL BUILDING LABORERS' LOCAL 66 PENSION FUND

**1600 WALT WHITMAN RD
MELVILLE, NY 11747
PHONE # (631) 454-2330
FAX # (631) 249-6290**

I, _____, am fully aware that I must inform a family member or friend that I am receiving a pension from General Building Laborers' Local 66 Pension Fund. If I should pass away, a family member or friend must notify General Building Laborers' Local 66 Pension Fund of my death immediately so that pension payments will cease, eliminating a chance of an overpayment after my date of death.

Member/Beneficiary

Signature _____ Date _____

STATE OF: _____ COUNTY OF: _____

Personally appeared before me _____

Who deposes and say that the statements made herein are true and correct to the best of his/her knowledge and belief. Witness my hand and seal this _____ day of

_____ 20 _____

_____ Notary Public

General Building Laborers' Local 66

EXPLANATION OF BENEFIT PAYMENT FORMS

If you are not married, your pension benefits will be paid in the form of a Single Life Annuity with either a 120-month or 60-month guarantee. *To be eligible for the 120-month guarantee you must have earned at least 1/4 of a year of Credited Service after June 30, 2006. If you do not meet this requirement, your guarantee will be for 60 months.*

If you are married, your pension benefits will be paid in the form of a 50% or 75% Joint and Survivor Annuity, unless your spouse consents to your choice of a Single Life Annuity with either a 120-month or 60-month guarantee. *To be eligible for the 120-month guarantee you must have earned at least 1/4 of a year of Credited Service after June 30, 2006. If you do not meet this requirement, your guarantee will be for 60 months.*

SINGLE LIFE ANNUITY WITH 120-MONTH or 60-MONTH GUARANTEE

Under the Single Life Annuity, you will receive monthly payments for your life, and, upon your death, if you have not received all guaranteed payments (120 or 60, as applicable), any of the guaranteed payments that remain to be paid will be paid to your named beneficiary until the combined total of all payments paid to you and your beneficiary is 120 or 60 payments, as applicable.

Your Estimated Monthly Benefit: \$

If you are married, you may select the Single Life Annuity with the 120-month or 60-month guarantee, as applicable, if you have your spouse's written consent. Your spouse gives consent by completing the "Spouse's Statement" on page 7 of your pension application and signing it in the presence of a notary.

JOINT AND SURVIVOR FORM (if applicable)

Under the Joint and Survivor form of payment, you will receive monthly payments for your life. Upon your death your spouse will continue to receive monthly payments for his or her life equal to either 50% or 75% of the amount you were receiving, depending upon the percentage you chose at the time of your application for pension. In order to provide this lifetime benefit for your spouse, the amount of your monthly benefit is reduced from the full amount of a Single Life Annuity. The amount of the reduction depends upon the difference in age between you and your spouse, and the percentage you elected. The reduction for the 75% Joint and Survivor pension is greater than that for the 50% Joint and Survivor pension in order to provide your spouse with a greater benefit.

50% Joint and Survivor Pension Your Estimated Monthly Benefit: \$

Monthly Benefit to Your Surviving Spouse: \$

75% Joint and Survivor Pension

Your Estimated Monthly Benefit: \$

Monthly Benefit to Your Surviving Spouse: \$

**FINANCIAL EFFECT OF
DEFERRING COMMENCEMENT OF BENEFIT PAYMENTS**

EARLY RETIREMENT

If you are applying for an Early Retirement Pension, your benefit amount has been actuarially reduced to compensate for the period by which you are younger than Normal Retirement Age (NRA). Your NRA is age 62 if you have at least 200 Hours of Service on or after July 1, 1994. Otherwise, it is age 65. The reduction is one-half (1/2) of one percent (1%) for each month by which you are younger than your NRA. If you choose to defer payment of your pension to a later date, the amount of the reduction will be less, based upon your age at the time you begin to receive your pension. If you defer payment until you reach your NRA, your benefit will not be reduced. If you retire with at least twenty-five (25) Years of Credited Service, your benefit will not be reduced. Please refer to your summary plan description for an explanation of the determination of the amount of the Early Retirement Pension.

RETIREMENT AFTER NORMAL RETIREMENT AGE

If you start receiving your pension when you are over your NRA, the amount of your pension will be increased, provided benefits were not suspended because you continued working in the industry. The amount of the increase is 1 % for the first 60 months after age 62, and 1.5% per month for each month thereafter, provided you completed at least 200 Hours of Service on or after July 1, 1994. If you did not complete at least 200 Hours of Service on or after July 1, 1994, your increase will be 1% per month for the first 60 months after age 65 and 1.5% per month for each month thereafter. Whether or not you are working in the industry, you must start receiving your pension payments no later than your Required Beginning Date (RBD). Your RBD is April 1st of the calendar year following the calendar year in which you reached age 70. Please refer to your summary plan description for an explanation of this increase and for an explanation of the Plan's rules for suspension of benefits.

RELATIVE VALUE OF PAYMENT OPTIONS

In order to further assist you in making an informed choice about these forms of payment, federal regulations also require that the Fund provide you with information on the relative values of these benefit payment options. This information is included on the following pages. If you have any questions about these forms of payment, please contact the Fund Office.

General Building Laborers' Local 66 Pension Fund

BENEFIT PAYMENT OPTIONS RELATIVE VALUE

IRS regulations require plans, such as ours, to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help individuals make informed choices about the form in which they receive their retirement benefits.

What Is Relative Value?

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies."
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are The Relative Values Under Our Plan?

Under our Plan, the normal forms of payment are the:

- 50% Joint and Survivor form for married participants with a 5-year certain; and
- 10-year Certain and Life Annuity form for single participants.

Optional forms of payment include:

- 75% Married Couple Benefit for married participants
- 10-year Certain and Life Annuity form for married participants.

In general, optional forms of payment available under our Plan have the same actuarial present value as the normal form.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

What Does This Mean To Me?

As we said earlier, basically, this means that the optional forms of payment provided by the Plan have relatively the same value as the normal form of payment under our Plan. However, it is important that you realize that this is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and, on their ages, when payments start.

Upon your written request, you will be provided with the relative values, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to the Fund Office at 1600 Walt Whitman Road, Melville, NY 11747.

General Building Laborers' Local 66 Pension Fund

BENEFIT PAYMENT OPTIONS RELATIVE VALUE

IRS regulations require plans, such as ours, to give retiring participants a comparison of the relative values of the benefit payment options generally available to them. The goal is to help individuals make informed choices about the form in which they receive their retirement benefits.

What Is Relative Value?

Relative value means the actuarial present value of each optional form of payment compared to the actuarial present value of the normal form of payment under a plan. Actuarial values of benefits are determined using:

- Mortality assumptions, which are based on standardized tables developed by actuarial organizations and life insurance companies. Information is analyzed about large groups of people to project the rates at which groups of individuals at different ages are expected to die. These statistical mortality projections are used to develop "average life expectancies."
- Interest assumptions, which estimate the likely investment earnings, over time, of the money put aside to pay benefits. This is important in the determination of actuarial value because investment earnings provide some of the money used to pay benefits.

What Are The Relative Values Under Our Plan?

Under our Plan, the normal forms of payment are the:

- 50% Joint and Survivor form for married participants with a 5-year certain; and
- 5-year Certain and Life Annuity form for single participants.

Optional forms of payment include:

- 75% Joint and Survivor form for married participants
- 5-year Certain and Life Annuity form for married participants

The 75% Joint and Survivor form for married participants has the same actuarial present value as the normal form for married participants. The 5-year Certain and Life Annuity form for married participants is NOT approximately equal in value to the normal form of payment for married participants.

How Was This Determined?

The valuation and reporting methodologies used were based on IRS regulations, which can be found in Treasury Regulations Section 1.417(a)(3)-1. These methodologies are technical and can be difficult to understand. However, IRS regulations require that we provide this information to you.

What Does This Mean To Me?

As we said earlier, basically, this means that the two optional forms of payment for married participants do not have the same actuarial present value as the normal form for married participants. While the 75% Joint and Survivor form for married participants has the same actuarial present value as the normal form of payment for married participants, the 5-year Certain and Life Annuity form does not.

However, it is important that you realize that this information is not a guarantee or even a prediction of what you will actually be eligible to receive when you retire. The actual value of the different forms of payment will vary depending on how long the individual and spouse or beneficiary in fact live and, on their ages, when payments start.

Upon your written request, you will be provided with the relative values, based on your own age and estimated benefits, between your normal form of payment and on any other forms of payment that you are eligible for. We will also provide you with the details of the actuarial assumptions used to make the comparison. You may want to consult a financial advisor when you are nearing retirement to determine what is right for you.

To obtain an individual relative values estimate, please send a written request to the Fund Office at 1600 Walt Whitman Road, Melville, NY 11747.