

U.A. Plumbers Local Union No. 68  
Fringe Benefit Trust Fund  
P.O. Box 8726  
Houston, Texas 77249  
713.869.2592 ♦ Fax: 713.862.4877 ♦ Toll Free: 800.833.2980

**U.A. PLUMBERS L.U. 68 DEFINED CONTRIBUTION PLAN**

Provisions of disbursement for the Defined Contribution Plan:

1. Retirement age of 62
2. Disability either by authorization of Board of Trustees or Social Security.
3. Participants that have **not** worked in covered employment for 24 months with a \$2500 balance and 60 months with a balance of \$2501 and greater.
4. Participants that are eligible for their U.A. National Pension benefit.

Eligible participants will be allowed to withdraw their benefit upon receipt of the properly completed application and distribution forms. All disbursements are subject to applicable withholding rules established by the Internal Revenue Service.

**Checks will be issued on the 15<sup>th</sup> as long as ALL required forms and documentation are received in the Fund Office no later than the first of that month.**

**Required Documents in addition to forms to be completed:**

- Copies of your marriage license, if applicable.
- Copy of your ENTIRE divorce decree (s), original marriage date to ex-spouse if applicable.
- Your birth certificate,
- Your spouse's birth certificate, if applicable

No exceptions will be given. Birth certificates, marriage license, and divorce decrees must be included with the completed Defined Contribution Plan application, notarized affidavit and appropriate lump sum or rollover forms from the Distribution Options package.

If you are receiving a LUMP SUM PAYMENT and would like funds to be direct deposited please enclose a **voided check**.

Sincerely,

Board of Trustees  
U.A. Plumbers L.U. No. 68

**DEFINED CONTRIBUTION PLAN BENEFIT APPLICATION**

Instructions:

1. Print all information in ink.
2. Include applicable certified **copies** of birth certificates(s), marriage license, and divorce decree or death certificate.
3. Include notarized Affidavit.
4. Include Social Security Disability Award certificate, if applicable.
5. Include copies of any other information you believe is pertinent to your pension application.
6. Sign and date all forms that apply to your application.
7. Read and discuss the tax information with your Tax Advisor.
8. Remember: Your application cannot be processed unless it is complete and accompanied by all necessary documentation.
9. Mail the application and documentation to:

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1. Date of Birth: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

2. Name \_\_\_\_\_ Social Security #: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

3. Address: \_\_\_\_\_  
\_\_\_\_\_ City State Zip

4. Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed \_\_\_\_\_

5. Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_  
Spouse's Social # \_\_\_\_\_

Date: \_\_\_\_\_  
Member's Signature

Date: \_\_\_\_\_  
Spouse's Signature

