



B.A.C. Trust Funds

B.A.C. Local No. 3 Pension Plan
B.A.C. Local No. 3 Defined Contribution Pension Plan
B.A.C. Local No. 3 Health & Welfare Trust Fund

APPLICATION FOR DEFINED CONTRIBUTION PENSION **ACCOUNT BALANCE LESS THAN \$200**

I HEREBY MAKE AN APPLICATION FOR MY TOTAL BENEFIT FROM THE SAN BAC Local 3 DEFINED CONTRIBUTION PENSION PLAN. I UNDERSTAND THAT AS OF TODAY'S DATE, MY TOTAL BENEFIT AMOUNT IS \$_____.

Personal Information:

Full Name: _____ Social Security #: _____

Address: _____

Phone: _____ Date of Birth: _____

Last Date Worked for this Local: _____ (if known)

Name of Last Employer: _____ (if known)

Current Employer: _____

I hereby certify that the above information is, to the best of my knowledge, true. Before final action is taken on this application, I understand it will be necessary for me to provide the Fund office with copies of my **Photo ID and Birth Certificate**.

Signature of Participant

Date