

INSTRUCTIONS CONCERNING SUBMISSIONS OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in Group I classification, submit photocopies of two (2) of the proofs listed in Group II. You are cautioned, however, that **Naturalization Papers, United States Passports and Immigration Papers, MAY NOT BE PHOTOCOPIED**. If you are submitting any of these, you must submit the original which will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

GROUP I

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church records, certified by the custodian of such records.
3. Notification of registration of birth in public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth records, certified by the custodian of such records.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization record. **(Photocopy is not acceptable, please submit original.)**
9. Immigration papers. **(Photocopy is not acceptable, please submit original.)**
10. Letter from Social Security Administration certifying to your age as it appears on their records.

GROUP II

11. Military record.
12. Passport. **(Photocopy is not acceptable, please submit original.)**
13. School records, certified by the custodian of such records.
14. Vaccination records, certified by the custodian of such records.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church records, certified by the custodian of such records, or marriage certificate).
17. Other evidence such as signed statements from persons who have knowledge of the date of birth.
18. Driver's License.

INFORMATION REGARDING THE HUSBAND-AND-WIFE PENSION

If you are legally married as of your Annuity Starting Date, the Pension Plan requires that your pension be paid in the form of a Husband-and-Wife Pension unless you have filed a timely election to waive that form of payment and your spouse has consented, in writing, to such waiver.

The Husband-and-Wife Pension is a percentage of the benefit amount payable as a single-life pension which accounts for the life expectancy of both parties. The lower amount payable to the Participant is in exchange for the guarantee that after the Participant's death, the spouse will continue to receive for her lifetime the Participant's monthly benefit at 50%, 75% or 100% depending on the option that the Participant elected at retirement. For example: assume a monthly Regular, Service or Early Retirement benefit of \$1,086.50 payable as a single-life pension (payable for the Participant's lifetime only) and assume a Spouse who is the same age as the Participant. The Pension Plan specifies a Husband-and-Wife Pension which is 92% of \$1,086.50 (different factors apply for Disability Pensions) which equals to \$1,000.00 per month while the Participant lives. The month following the Participant's death, the spouse will continue to receive monthly benefit of \$500.00, \$750.00 or \$1,000.00 for her lifetime, depending on the option elected at retirement. If, your spouse should predecease you, your pension amount will be converted to the amount payable as a single-life pension or \$1,086.50 citing the above example.

You should refer to Article 7 of the Pension Plan for a complete explanation of the terms and conditions affecting the Husband-and-Wife Pension.

EMPLOYMENT HISTORY

If you claim credit for employment prior to the August 1, 1962 date the Pension Plan was established (Credited Past Service per Section 6.02 of the Plan) for work as a Laborer in the Building and Construction Industry in the 46 Northern California Counties and for which you have not previously been credited, please list ALL such employment below. Such claim should be accompanied by any available documentary evidence of such employment.

JOB CLASSIFICATION	NAME OF EMPLOYER	ADDRESS	Dates of Employment	
			FROM Month/Year	TO Month/Year

[If you need more space, attach additional sheets]

MILITARY SERVICE CREDIT

If you served in the Armed Forces of the United States at any time after you began work as a Laborer, please indicate the dates below and provide a copy of your discharge papers (Form DD-214).

BRANCH	FROM	TO

NON-WORKING PERIODS AFTER AUGUST 1, 1962

If you were disabled at any time after August 1, 1962, you may receive credit for periods of time after that date when you were not working by answering the following questions:

Did you apply for California State Disability Insurance benefits after August 1, 1962?

YES (If your answer is "YES", indicate FROM and TO dates below you received payments) NO

FROM	TO	FROM	TO

Did you apply for Workers' Compensation disability benefits after August 1, 1962?

YES (If your answer is "YES", indicate FROM and TO dates below you received payments) NO

FROM	TO	FROM	TO

EMPLOYMENT AFTER NORMAL RETIREMENT AGE (AGE 65)

If you are age 65 or older, you MUST indicate your work status for each month since your 65th birthday. You must list any months in which you engaged in ANY employment for wages or profit of 40 hours or more in the Building and Construction Industry.

MONTH/YEAR	EMPLOYER'S NAME AND LOCATION

(Mark X if you did not engage in any employment). I have NOT been employed in the Building and Construction Industry since age 65.

