

Marble Industry Pension Trust Fund

1040 Avenue of the Americas, 24th Fl.

New York, NY 10018

(212) 505-5050 Fax 646-381-8853

Email: applications@dhcook.com

Congratulations on your pending retirement!!!!

As you are approaching retirement, we thought we should help make the transition as smooth as possible, so that you can think about your retirement plans and the choices open to you.

Please be advised that a calculation of your years of service in our union indicates that you may be eligible for a pension benefit from the Marble Industry Pension Trust Fund.

The first step toward retirement is filling out your pension application. This application, along with the required documentation, is the only document that can set your retirement in motion.

Your pension will be processed as soon as administratively possible, once the Pension Fund has your completed pension application. Keep in mind that this will take time. The Pension Fund must collect information from different sources, so processing depends on how quickly we receive that information. You can do your part to speed up the process by submitting all required documentation.

There's no getting around the fact that the retirement process has its share of paperwork. Use this checklist to keep track of the information you have and the information you may need to track down. The information includes but is not limited to:

Citizenship/Proof of Age. Proof of citizenship for you and your spouse/beneficiary: birth certificate, naturalization papers, passport, resident alien card or enhanced driver license

Government-issued marriage certificate, if married

Death certificate for spouse, if applicable

Divorce judgment, QDRO, and stipulation of settlement, if divorced

Social Security cards for you and your spouse/beneficiary

AN INCOMPLETE APPLICATION WILL SLOW DOWN YOUR RETIREMENT PLANS

An application is considered incomplete if required documentation is missing or if the application is not signed. The Pension Fund cannot process your application if it is incomplete.

You can have your pension check automatically credited to your savings or checking account on the first day of every month, so you don't have to worry about lost or stolen mail or long lines at the bank.

Because your account number, account type and routing number must be accurately entered, we encourage you to take the form to your bank to verify the information or provide us with a voided check. You may move your account to another bank at any time. All you have to do is notify the Pension Fund and complete a new Direct Electronic Deposit Authorization Form

Your benefit is taxable by the federal and state government and are subject to federal income tax withholding, unless the pensioner elects not to have withholding apply. The W-4P federal withholding form is included in this packet. The W-4P federal withholding form must be completed and either submitted with your pension application, or mailed or faxed to the Pension Fund.

The above is a brief synopsis of the pension process. Please refer to the Summary Plan Description for detailed information regarding vesting, credits, and types of pensions available.

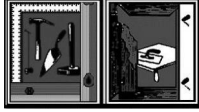
We hope this information was helpful to you.

If you need additional help, or have questions, please contact the Fund Administrator:

Daniel H. Cook Associates, Inc.
253 West 35th Street, 12th Floor
New York, NY 10001
Phone: (212) 505-5050 Fax 646-381-8853
Email: applications@dhcook.com

While the administrator of the trust has been instructed to use every effort to make the foregoing information accurate, the trustees expressly reserve the right to correct the statement if errors are discovered. No liability is assumed for any such errors. Your benefits will depend upon the contents of the official Trust records, rather than this summary, and upon the facts verified before Benefits are paid.

Please sign, date and return to the fund office.



Marble Industry Funds

253 West 35th Street, 12th Fl.
New York, NY 1001
(212) 505-5050 Fax 646-381-8853
Email: applications@dhcook.com

PENSION APPLICATION

Please read this application carefully before answering any questions. Answer all questions which apply to you.

If you have questions about any part of this application, contact the Fund Office.

PLEASE PRINT

A. MEMBER

1. Name: _____ 2.Soc.Sec.No: _____
(Last) (First) (M.I)

3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)

4. Telephone No: (_____) _____ 5.Date of Birth: _____

6. Is your birth certificate or proof of age attached? _____

7. Date you stopped working or plan to stop working: _____

A. SPOUSE (if applicable)

1. Name: _____ 2.Soc.Sec.No: _____
(Maiden) (First) (M.I)

3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)

4. Telephone No: (_____) _____ 5.Date of Birth: _____

6. Is proof marriage attached? _____

7. Is birth certificate or proof of age attached? _____

c. **DIVORCED SPOUSE** (if applicable):

1. Name: _____ 2.Soc.Sec.No: _____
(Maiden) (First) (M.I)

3. Address: _____
(No.) (Street)

(City) (State) (Zip Code)

4. Telephone No: (_____) _____ 5.Date of Birth: _____

6. Is divorce decree, Qualified Domestic Relations Order, etc.? Attached? _____

7. Is birth certificate or proof of age attached? _____

D. **TYPE OF PENSION** (INDICATE THE TYPE OF PENSION FOR WHICH YOU ARE APPLYING)

- 1) Regular Pension _____
- 2) Early Retirement Pension _____
- 3) Deferred Pension _____
- 4) Service Pension _____
- 5) Disability Pension _____

DATE YOU RETIRED OR PLAN RETIRE: _____

E. **UNION HISTORY:**

1. (a) List the earliest date you first joined on Marble:

(Month) (Day) (Year)

(b) Since you first joined the Marble Industry Funds, have there been any periods when you dropped out or withdrew from membership?

Yes ___ No ___

If "Yes", state when: From _____ to _____
(Month/Year) (Month/Year)

From _____ to _____
(Month/Year) (Month/Year)

Continue of separate sheet of paper if necessary.

F. DISABILITY and MILITARY SERVICE:

1. Have you ever totally disabled so as to prevent you from working as a Marble Setter and which you were compensated under the Worker's Compensation Law?

Yes _____ No _____

If "Yes", From _____ to _____
(Month/Year) (Month/Year)

2. Have you ever been totally disabled so as to prevent you from working in any employment or gainful pursuit?

Yes _____ No _____

If "Yes", From _____ to _____
(Month/Year) (Month/Year)

3. If you are applying for a disability pension, is your Social Security Disability Award attached?

Yes _____ No _____

4. If the answer to 3 is "No", please explain.

5. Have you ever served in the Armed Forces of the United States?

If "Yes", From _____ to _____
(Month/Year) (Month/Year)

Attach photo static copies of separation papers. (Do not send originals)

G. PAYMENT OPTIONS:

Married Participants

Under this Pension Plan your benefit is automatically paid as a Husband and Wife Pension if you are married when you retire, unless you and your spouse reject this form of payment. The husband and Wife Pension provides for an actuarial reduction in the monthly pension for the life of the Pensioner. When the Pensioner dies, the spouse receives a lifetime pension equal to 50% of the amount that was paid when the Pensioner was alive.

If the Husband and Wife Pension is rejected, an unadjusted lifetime amount will be paid to you. Another option available under the Pension Plan may provide benefits up to 60 months to a designated beneficiary upon your death if you retire on a Regular or Early Retirement Pension.

Divorced Participants

Under this Pension Plan, if you were divorced and a court decree has been issued to you, your ex-spouse may be entitled to benefits under this PLAN. If the divorce decree meets the criteria of a Qualified Domestic Relations Order under applicable federal law, the Pension Fund will be obligated to treat your ex-spouse as if you were still married for the purposes of eligibility determination and benefit calculation.

IF YOU HAVE RECEIVED A DIVORCE DECREE WHICH REQUIRES PAYMENT OF BENEFITS TO YOUR EX-SPOUSE, YOU MUST ATTACH IT TO THIS APPLICATION. The Fund Office will establish whether or not such a decree is a Qualified Domestic Relations Order and will advise the parties concerned of their determination. If a Qualified Domestic Relations Order requires payment of benefits to an ex-spouse, the Fund Office will advise you the Order's impact on your benefits and of any benefit payment options you may be entitled to elect.

Single Participants

Under their Pension Plan, if you are single (or can establish to the satisfaction of the Trustees in their sole discretion that you cannot locate your spouse) you will be paid a lifetime monthly benefit. If you retire on a Regular or Early Retirement Pension, you will be covered by the 60 Months Guarantee survivor benefit.

STOP HERE and call the Fund Office IF you are married and wish to prove that you cannot locate your spouse.

The Fund Office will describe the form of proof acceptable to the Trustees.

Please check and complete only one of the four appropriate boxes below. If you are married and both you and your spouse do not reject the Husband and Wife Pension by checking and completing (Box 2), your pension must be paid in that form

1. I swear that I am not legally married at the present time. If I am retiring on a Regular or Early Retirement Pension I name as my Beneficiary for the 60 Months Guarantee the following person:

_____	_____
Name	Relationship to me
_____	_____
Address Social Security No.	

In the event of the death of my Beneficiary named above, I name as my Contingent Beneficiary the following Persons:

_____	_____
Name	Relationship to me
_____	_____
Address Social Security No.	

I certify that the above information is true and correct and that the Fund will, based upon this information, pay my pension in a lifetime form with a 60 Month Guarantee, if I am eligible.

_____	_____	_____
Print your Name	Signature	Date

State of _____)

Country of _____) SS:

On the _____ day of _____, before me came _____

to me know and know to me to be the person described above who executed the foregoing statements before me under oath.

Notary Public

2. I am legally married to _____ whom I hereby certify to be the person co-signing
Name of Spouse
this document below. I do not wish to receive the pension for which I am eligible in the form of a Husband and
Wife Pension.

I understand that as a result of my rejecting the Husband and Wife Pension my spouse will not be paid a pension
from the Pension Plan after my death unless other benefits are payable to my spouse under the 60 Months
Guarantee. I further recognize that because of this rejection, the Pension paid to me while my spouse is living may
be a different amount that it would be if I had not rejected the Husband and Wife Pension.

By rejecting the Husband and Wife Pension, my spouse and I agree that the following person shall be the named Beneficiary
for any benefits which may be payable under the 60 month guarantee. I also understand such 60 Month Guarantee will only
be payable if I retire on a Regular or Early Retirement Pension.

_____	_____
Name	Relationship to me
_____	_____
Address Social Security No.	

In the event of the death of my Beneficiary named above, I name as my Contingent Beneficiary the following person:

_____	_____
Name	Relationship to me
_____	_____
Address Social Security No.	

I recognize that this or any future Designation of Beneficiary is valid only with the written, notarized consent of my spouse.
In the absence of my spouses' w written, notarized consent to this designation, I understand that any retirement benefits to
which I am eligible shall be payable only in the form of a Husband and Wife Pension, any my above started rejection of this
payment form shall be invalid.

I certify that the above information is true and correct and that the Fund may, based upon this information and my spouse's
consent, pay my pension benefit in a form other than a Husband and Wife Pension.

You must attach a copy of your marriage certificate:

_____	_____	_____
Print your name	Signature	Date

State of _____)

Country of _____) SS:

On the _____ day of _____, before me came _____

to me know and know to me to be the person described above who executed the foregoing statements before me under
oath.

Notary Public

Statement of Consent to be completed by Participant's spouse if the Husband and Wife Pension is rejected.

I, _____, am the legal spouse of the Participant,
(Spouse's name)

_____, I hereby consent to my spouse's rejection of the Husband and Wife Pension. I understand that as a result, I will not be paid a pension from the Pension Plan after my spouse's death, unless I am eligible for and am the Designated Beneficiary for benefits payable under the 60 Month Guarantee. I further recognize that because of this rejection, the Pension paid to my spouse while he or she is living may be of a different amount than it would be if he or she has not rejected the Husband and Wife Pension.

I hereby consent to my spouse's designation of: _____
(Name of Beneficiary)

and _____ to receive any survivor benefits
(Name of Contingent Beneficiary* to be paid in the event of the death of beneficiary)

Payable under the 60 Month Guarantee. I understand that this or any future Designation of beneficiary shall be valid only with my written, notarized consent.

**Note: for this rejection of the Husband and Wife Pension to be valid, the Beneficiaries must be the same persons designated by the Participant on the previous page. In the event that the Participant and Spouse cannot agree on the Beneficiaries, the rejection of the Husband and Wife Pension is invalidated, and the Fund will be obligated to pay any Pension benefits due in the form of a Husband and Wife Pension.*

Spouse's Signature

Date

Spouse's Social Security No

State of _____)

Country of _____) SS:

On the _____ day of _____, before me came _____

to me know and know to me to be the person described above who executed the foregoing statements before me under oath.

Notary Public

3. I wish to receive the Pension for which am eligible in the form of a Husband and Wife Pension

I understand that by electing this Husband and Wife Pension, The Fund subsidizes this benefit for as long as I live. Payments will be made for as long as I live in an amount equal to my monthly accrued benefit when I retire, reduced for Early Retirement, if appropriate. If I should die before my spouse, the payments will be continued to my spouse at equal to 50% or 75% of the amount that would have been payable had the benefit not been subsidized.

_____	_____
Name	Relationship to me
_____	_____
Address Social Security No.	

Under this pension I understand that:

1. I must have been married to my spouse for at least one year at the time of my death for my spouse to be eligible to receive the Husband and Wife Pension benefit.
2. If my spouse predeceases me after my Pension payments begin, the amount of my Pension will continue to be paid in the reduced amount for my lifetime.
3. If my spouse and I are divorced after my Pension payments begin, the election remains in effect and my spouse will (should he or she survive me) receive the benefit under the Husband and Wife Pension for his or her lifetime unless a Qualified Domestic Relations Order states otherwise.

Attach copies of your birth certificate, your spouse's birth certificate and your marriage certificate.

_____	_____	_____
Print your name	Signature	Date

4. I may wish to receive my Pension benefits in the form of a Husband and Wife Pension and wish to be informed of the exact amount of the Pension benefits payable to myself and my spouse under the Husband and Wife Pension, I understand that when I receive this information, will again have the chance to make a final election regarding the Husband and Wife Pension.

In order for the Fund Office to calculate the Pension amounts payable you must attach copies of your birth certificate, your spouse's birth certificate and your marriage certificate.

_____	_____	_____
Print your name	Signature	Date

WITHHOLDING OF FEDERAL INCOME TAX FROM YOUR BENEFIT:

If you do not check either box, federal income tax will be withheld as if you were married with three exemptions.

- A. Do not withhold federal income tax from my pension benefit.
- B. Please withhold federal income tax from my pension benefit. (If you have checked this box you must complete a U-4P Form).

MY SIGNATURE BELOW SIGNIFIES THAT:

1. The above statements are true to my knowledge.
2. I understand that a false statement may disqualify me for Pension benefits.
3. I understand that if, after I retire, I return to certain work my monthly Pension checks may be suspended for at least the period I continue that work. I agree to notify the Fund Office immediately upon my return to any type of employment and to supply whatever information the Trustees request to determine whether suspension is warranted.

(Signature)

(Date)

Your pension application will be processed as promptly as possible. You will be contacted if further information or proof is required. You will be notified in writing of the decision on your application.

MARBLE INDUSTRY PENSION FUND

253 West 35th Street, 12th Floor
New York, NY 10001
Tel: 212.505.5050 Fax: 646.381.8853
applications@dhcook.com

DIRECT DEPOSIT FORM

Please use *ink only* to complete the following information and sign at the bottom.

MEMBER'S FULL NAME _____
LAST NAME FIRST NAME

Are you currently receiving (or approved to receive) a pension? ___ Yes ___ No

DOB ___/___/___ SOC. SEC. NO. ___--___--___

HOME ADDRESS:

ADDRESS _____
NO. STREET FLOOR/APT#

ADDRESS _____
CITY OR BOROUGH STATE ZIP

HOME NO. _____ **WORK NO.** _____ **CELL NO.** _____

E-MAIL _____

STATUS: SINGLE MARRIED WIDOWED DIVORCED LEGALLY SEPARATED

Do you want your pension check deposited directly into your account? ___ Yes ___ No

If 'Yes,' Bank Name and Address: _____

Account #: _____ Routing #: _____

NOTE: To deposit to your CHECKING account, please attach a blank, voided check.
For a SAVINGS account, please attach a letter from the bank indicating your Account and Routing #.

Signature: _____ **Date:** _____

You must sign form in order for the direct deposit to take effect.