Pointers, Cleaners and Caulkers Pension Fund

Benefit Payment Options Relative Values

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 Pension for married participants; and
- Single Life Annuity with 36 months guaranteed for single participants.

The generally available optional forms of payment covered by this comparison are the:

- 75% Joint and Survivor
- 100% Joint and Survivor

In general, optional forms of payment available under our Plan have approximately the same actuarial present value as the normal form. This is true for participants retiring between ages 45 and 65 with a spouse of approximately the same age.

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 fairly 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 for most participants, 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:

POINTERS, CLEANERS & CAULKERS PENSION FUND
66-05 WOODHAVEN BOULEVARD
REGO PARK, NEW YORK 11374

POINTERS, CLEANERS & CAULKERS PENSION FUND
66-05 WOODHAVEN BOULEVARD
REGO PARK, NEW YORK 11377
(718) 896-6266

PENSION APPLICATION FORM

Please print or type all information required. Be sure to sign and date this application.

A. PERSONAL DATA

Your Name: _____
Last First Middle

Social Security #: ____/____/____ c. Date of Birth: ____/____/____

Address: _____
Number Street

_____ e. Telephone # (____) _____
City State Zip

Email Address: _____

Attach a copy of your birth certificate or other proof of age. See enclosed "Proof of Age Instructions."

B. MARITAL STATUS

(Check all that apply.)

☐ I am currently married. ***(Attach proof of your marriage and proof of your spouse's date of birth.)***

_____ ____/____/____ ____/____/____
Name of Spouse Date of Birth Social Security #

Spouse's Address: _____
Number Street

_____
City State Zip

Spouse's Phone Number _____

Spouse's Email Address: _____

☐ I am widowed. ***(Attach a copy of your spouse's death certificate.)***
☐ I am divorced. ***(Attach a copy of your divorce papers.)***
☐ I have never married.

C. MILITARY SERVICE

If your work in covered employment was interrupted by a period of required military service in the US Armed Forces, please complete the following: ***(Attach a copy of your discharge papers.)***

Date you started work in covered employment	Date you were inducted into military service	Date you separated from military service	Date you returned to work in covered employment

D. MEMBERSHIP HISTORY

List below the names of the locals of the Pointers, Cleaners & Caulkers Union of which you have been a member, and the years of your membership in each local.

Name of Local Union	Dates of Membership From	To

E. TYPE OF PENSION

(Check the type of pension you wish to receive.)

- ☐ Normal Retirement Pension (Age 62 or over and 10 years of service OR Age 65 and 5 years of vesting service)
- ☐ Early Retirement Pension (Age 57 or over and 15 years of vesting service)
- ☐ Service Pension (Age and years of vesting service total at least 85)
- ☐ Vested Pension (Normal Retirement Age or meet requirements for an Early Retirement Pension if you leave Covered Employment after completing 5 years of vesting service credit)
- ☐ Disability Pension (To be eligible for a Disability Pension, you must have received a Social Security Disability Determination, have 10 years of vesting service and earned at least 500 hours of service within the consecutive 12-month period immediately preceding the medically certified effective date of the permanent and total disability)
- ☐ 9/11-Related Disability Pension

If you are applying for a **Disability Pension** or **9/11-Related Disability Pension**, complete the following:

a. Date you last worked in covered employment: _____

b. Name of your last employer: _____

c. Cause of disability: _____

By applying for a Disability Pension or a 9/11-Related Disability Pension, I understand that:

My Disability Pension will be paid in the Plan's normal form of payment — Single Life Annuity with 36 Months Guaranteed — until I reach Normal Retirement Age;

At Normal Retirement Age, I will have the right to elect a new form of payment in accordance with the Plan's rules; and

If applying for a 9/11-Related Disability Pension, I must submit documentation of participation in the World Trade Center (WTC) Health Program under the Zadroga Act, and a Social Security Disability Award.

Attach a copy of your Social Security Disability Determination. If applying for a 9/11-Related Disability Pension, please also attach:

- Proof of participation in the WTC Health Program; and

- Evidence that your work in Covered Employment occurred in the New York City disaster area as defined by the Zadroga Act.

EMPLOYEE DECLARATION

I understand, agree to, and make the following declarations:

1. That all the information and statements in this application are true and correct.
2. That I am familiar with the rules and regulations of the Pension Plan, as summarized in the Plan's Summary Plan Description, and, in retiring, I agree to be bound by them.
3. That if I return to work in the type of employment covered by this Pension Plan, I must report this in writing to the Pension Fund Office within 30 days of my reemployment.
4. That my pension payments may be suspended for each calendar month in which I am reemployed for forty (40) or more hours of work, including any pension payments I received before I notified the Pension Fund Office of my reemployment.
5. That I am required to notify the Pension Fund Office in writing when I am no longer reemployed and again return to retired status.
6. That a false statement may disqualify me for pension benefits, and that the Pension Fund shall have the right to recover any payments made because of a false statement.
7. That I will personally endorse my pension checks, using my signature as it appears below, if I have not requested direct deposit of my pension benefits to my bank account.
8. **If I am applying for a Disability Pension or a 9/11-Related Disability Pension, I acknowledge that my Disability Pension will be paid in the Plan's normal form of payment — the Single Life Annuity with 36 Months Guaranteed — until I reach Normal Retirement Age, at which time I will be required to elect a new form of pension in accordance with the Plan.**

_____ _____

Participant's Signature Date

State of_____

County of_____

On the _____ day of _____, 20_____

before me came _____,

to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

_____

Notary Public

POINTERS, CLEANERS & CAULKERS PENSION FUND

PROOF OF AGE INSTRUCTIONS

In order to be eligible for retirement benefits, you are required to produce proof of your age. The following is list of documents that may serve as acceptable proof of your age. This list is arranged so that the best proof of age is listed first, the next best is second, and so on. If a birth certificate is not available because birth records were not kept at your place of birth, please obtain the next best available proof of your age.

If you have used any other name, including a maiden name, additional proof should be included (such as a marriage certificate) to document the change. Additional proof may be requested if the document you submit is not convincing proof.

Photocopies of the document may be submitted. ***Please Note:*** *Naturalization papers, United States passports and immigration papers may not be photocopied. If any of these is the only proof of your age, you have to submit the original and it will be returned to you.*

YOU ARE REQUIRED TO FURNISH THE BEST TYPE OF PROOF WHICH IS AVAILABLE

1. A birth certificate
2. A baptismal certificate or a church record which shows the date of birth and is certified by the custodian of such record
3. Notification of registration of birth in a public registry of vital statistics
4. Hospital birth record certified by the custodian of such record
5. Copy of Certificate of Social Security Insurance Award, if date of birth or age is indicated
6. Medicare identification card
7. Birth record of a foreign church or government
8. A signed statement by a physician or midwife, who was in attendance at birth, showing the date of birth as it is taken from their records
9. Naturalization record
10. Immigration papers
11. Military record
12. Passport
13. School records certified by the custodian of such records
14. Vaccination record certified by the custodian of such record
15. An insurance policy which shows the age or date of birth
16. Marriage records showing date of birth or age (e.g., application for marriage license, church record certified by the custodian of such record, or marriage certificate.)
17. Other evidence such as: signed statements from persons who have knowledge of the date of birth, voting records, poll tax receipts, driver's license.

Please try to obtain one of the documents at the beginning of the list. If you have any questions concerning the suitability of a document as proof, please contact the Fund Office.

7314937v1/04372.001

POINTERS, CLEANERS & CAULKERS PENSION FUND
66-05 WOODHAVEN BOULEVARD
REGO PARK, NEW YORK 11377
(718) 896-6266

EXPLANATION OF BENEFIT PAYMENT FORMS

If you are not married, the normal form of your benefit payment is a Single Life Annuity with 36 Months Guaranteed. If you are married, the normal form of your benefit payment is a 50% Joint and Survivor Pension. Below is an explanation of these forms of payment and the additional options available to married participants.

Single Life Annuity with 36 Months Guaranteed

Under this form of payment, you will receive monthly payments for your life. If you die before 36 monthly payments have been made, your beneficiary(ies) will receive the balance of the 36 guaranteed payments that may remain payable at your death. This is the only form of payment available to a participant who is not married. If you are married and wish to receive payment in this form, your spouse must complete the enclosed "Spouse's Consent Statement" and sign it in the presence of a notary.

Estimated Monthly Benefit $ _____

Joint and Survivor Pension – 50%, 75% or 100%

If you are married, your benefit may be paid in the form of a 50% Joint and Survivor Pension, a 75% Joint and Survivor Pension or a 100% Joint and Survivor Pension. Under the Joint and Survivor Pension, you will receive monthly payments for your life, and upon your death your spouse will continue to receive monthly payments for his or her life. The payments will be 50%, 75% or 100% of the monthly amount you were receiving, depending on which percentage you elect at the time you apply for your pension. To provide this lifetime survivor benefit for your spouse, the amount of your monthly benefit is reduced based on the difference in age between you and your spouse. If your spouse should die before you, your monthly benefit will be converted (pop-up) to the same amount that would have been payable under the Single Life Annuity with 36 Months Guaranteed, except that the 36-Months Guaranteed will be measured from the effective date of your pension. The new amount will be payable retroactive to the later of (1) your spouse's date of death or (2) six (6) months prior to receipt of proof of your spouse's death. If you should become divorced after the effective date of your pension, your monthly benefit will not be changed.

The table that follows shows estimates of your pension when paid in the 50%, 75% and 100% Joint and Survivor Pension forms. In estimating these amounts, we have used your date of birth as it appears in our records, and that of your spouse if we have it. If we did not have your spouse's date of birth, we assumed that your spouse is three years younger than you.

If you would like an estimate of the 50%, 75% or 100% Joint and Survivor Pension based on the actual date of birth of your spouse, please send a written request to the Fund Office, along with a copy of the birth certificate or other proof of age of your spouse or contingent annuitant.

Form of Payment	Participant's Estimated Benefit	Surviving Spouse's Estimated Benefit
50% Joint and Survivor Pension with Pop-Up		

75% Joint and Survivor Pension with Pop-Up		
100% Joint and Survivor Pension with Pop-Up		

50% Contingent Annuitant Pension

If you are married, you may, with the written, notarized consent of your spouse, reject the Joint and Survivor benefit and provide a lifetime benefit for someone other than your spouse. This individual is known as your "contingent annuitant." Upon your death, your contingent annuitant will receive 50% of the monthly amount you had been receiving. In order to provide this lifetime benefit for your contingent annuitant, the amount of your monthly benefit is reduced based on the difference in age between you and your contingent annuitant. Your contingent annuitant must be at least 21 years of age. If your contingent annuitant predeceases you after payments have begun, there will be no change in the amount of your pension, and no payments will be made after your death.

We are unable to provide an estimate of your pension when paid in the 50% Contingent Annuitant form until you provide the birth date of your contingent annuitant. If you would like an estimate of the 50% Contingent Annuitant Pension form based on the actual date of birth of your contingent annuitant, please send a written request to the Fund Office, along with a copy of the birth certificate or other proof of age of your contingent annuitant.

BENEFIT PAYMENT OPTIONS RELATIVE VALUE

In order to assist you in making an informed choice about these forms of payment, federal regulations require that the Fund provide you with information on the relative value of the 50%, 75% and 100% Joint and Survivor Pension, and the Single Life Annuity with 36 Months Guaranteed to the value of the 50% Joint and Survivor Pension. This information is provided in the enclosed document "Benefit Payment Options Relative Value."

FINANCIAL EFFECT OF DEFERRING COMMENCEMENT OF BENEFIT PAYMENTS

If you are applying for an Early Retirement Pension, the benefit amount above will be reduced by ¼% for each month that you are younger than age 62 on the pension effective date you have chosen. 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 Normal Retirement Age (Normal Retirement Age is age 65, or age 62 with 10 years of service), or if you qualify for a Service Pension (age 58 with 30 years of service), your benefit amount will not be reduced. Please refer to page _____ of your Summary Plan Description for an explanation of the determination of the amount of the Early Retirement Pension.

If you start receiving your pension after you reach Normal Retirement Age your pension will be actuarially increased for each month by which you are older than Normal Retirement Age, provided you are not working in Disqualifying Employment. The actuarial increase is equal to 1% per month for the first 60 months by which you are older than Normal Retirement Age, and 1½% for each month thereafter. Regardless of whether or not you are working in Disqualifying Employment, you must begin receiving your pension no later than your required beginning date. Please refer to the "Delayed Retirement" and "Required Beginning Date" sections of your Summary Plan Description for an explanation of this actuarial increase.

PARTICIPANT'S ELECTION

A. To Be Completed by All Participants *(Check one)*

- ☐ I hereby swear that I am legally married at this time, and that the person signing the enclosed "Spouse's Consent Statement" (if applicable) is my legal spouse.
- ☐ I hereby swear that I am not legally married at this time.
- ☐ I hereby swear that I am unable to locate my spouse.

B. To Be Completed by Unmarried Participants Only

I understand I will receive my pension benefits in the form of a Single Life Annuity with 36 Months Guaranteed. I designate the person named below as my Beneficiary for any of the 36 guaranteed payments that may remain payable upon my death.

_____ _____

Beneficiary's Name | Relationship to You

If you wish to designate more than one beneficiary, please print the information on the back of this form.

C. To Be Completed by Married Participants Only *Check one:*

- ☐ I wish to receive my pension in the form of a **50% Joint and Survivor Pension.**
- ☐ I wish to receive my pension in the form of a **75% Joint and Survivor Pension**.
- ☐ I wish to receive my pension in the form of a **100% Joint and Survivor Pension**.
- ☐ I wish to receive my pension in the form of a **50% Contingent Annuitant Pension.** Complete "50% Contingent Annuitant Pension" section below.
- ☐ I wish to receive my pension in the form of a **Single Life Annuity with 36 Months Guaranteed.** Complete "Single Life Annuity with 36 Months Guaranteed" section below.

50% Contingent Annuitant Pension

I reject the 50%, 75% and 100% Joint and Survivor Pension forms. I wish to receive my pension in the form of a 50% Contingent Annuitant Pension. I understand my spouse must complete the enclosed "Spouse's Consent Statement" and sign it in the presence of a notary. I designate the person named below as my Contingent Annuitant, and am enclosing a copy of my contingent annuitant's birth certificate or other proof of age. I understand I must obtain my spouse's consent to any change of beneficiary in the future.

_____ _____

Contingent Annuitant's First Name | Contingent Annuitant's Last Name

_____ ____/___/____ ____/____/____

Contingent Annuitant's Relationship to you | Date of Birth | Social Security #

Contingent Annuitant's Address: _____

Number Street

_____

City State Zip

Contingent Annuitant's Phone Number: _____ and Email: _____

Single Life Annuity with 36 Months Guaranteed.
I reject the 50%, 75% and 100% Joint and Survivor Pension forms of payment and wish to receive my pension as a Single Life Annuity with 36 Months Guaranteed. I understand my spouse must complete the enclosed "Spouse's Consent Statement" and sign it in the presence of a notary. I designate the person named below as my Beneficiary. *Check one:*

- ❑ I designate my spouse to be my Beneficiary for the balance of the 36 guaranteed monthly payments that may remain payable upon my death.
- ❑ I will not designate my spouse as my Beneficiary. I understand I must obtain my spouse's consent to any change of Beneficiary in the future.

_____ _____
Beneficiary's First Name Beneficiary's Last Name

_____ _____/_____/_____ _____/_____/_____
Beneficiary's Relationship to you Date of Birth Social Security #

Beneficiary's Address: _____
Number Street

_____
City State Zip

Beneficiary's Phone Number_____

Beneficiary's Email Address: _____

If you wish to designate more than one beneficiary, please print the information on the back of this form.

D. <u>To Be Completed by All Participants -- Please date and sign the lines below.</u>

_____ _____
Participant's Signature Date

State of _____)

)

County of _____)

On the _____ day of _____, 20, _____, before me came

_____,to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

_____

Notary Public

SPOUSE'S CONSENT STATEMENT

Your spouse must complete this statement if you wish to reject the 50%, 75% and 100% Joint and Survivor Pension forms of payment, and elect a Single Life Pension with 36 Months Guaranteed or a 50% Contingent Annuitant Pension.

Name of Participant: _____ **Social Security No.:** _____

I, _____, swear that I am the legal spouse of the Participant named above.
Name of Spouse

I have read the Explanation of Benefit Payment Forms, and I hereby consent to my spouse's rejection of the 50%, 75% and 100% Joint-and-Survivor forms of payment, and election of payment in the following form: *(Check one:)*

- ☐ **Single Life Annuity with 36 Months Guaranteed** This form of pension will not pay me any benefits after my spouse's death unless my spouse has designated me as beneficiary for the balance of the 36 pension payments that may remain payable upon my spouse's death. I agree to my spouse's designation of the following individual as beneficiary:

  _____ _____
  Beneficiary Relationship to Participant

- ☐ **50% Contingent Annuitant Pension** This form of pension will not pay me any benefits after my spouse's death. I agree to my spouse's designation of the following individual as Contingent Annuitant:

  _____ _____
  Contingent Annuitant's Name Relationship to Participant

I understand that my spouse may not change beneficiaries in the future without my written, notarized consent. I understand that if I do not sign this consent, my spouse's pension payments will be made in the form of a 50% Joint and Survivor Pension. I further recognize that, if my spouse has elected the Single Life Pension with 36 Months Guaranteed, the lifetime pension paid to my spouse while alive will be higher than it would have been had my spouse chosen a Joint and Survivor Pension.

I understand that I do not have to sign this consent. I am signing this consent voluntarily. I also understand that I may not revoke this consent.

_____ _____
Spouse's Signature Date

State of _____ County of _____

On the _____ day of _____, 20, _____, before me came _____, to me known and known to me to be the person described in and who executed the foregoing statement and (s)he duly acknowledged to me that (s)he executed the same.

_____
Notary Public

PENSION WITHHOLDING

Please read the information below carefully.
It explains the rules regarding federal income tax withholding from your pension benefit.

I understand that my monthly pension benefit from the Pointers, Cleaners & Caulkers Pension Fund may be subject to federal income tax withholding, unless I elect out of withholding. I understand that I may request the Fund Administrator to withhold either a flat dollar amount from my monthly pension benefit, or an amount based on my marital status and the actual number of withholding allowances to which I am entitled. If I do not provide this information, the Plan will withhold federal tax based on the assumption that I am married and entitled to three withholding allowances.

I also understand that I may elect NOT to have federal income taxes withheld from my monthly pension benefit. However, the Internal Revenue Service may impose penalties on me if my estimated tax payments and withholding (if any) are inadequate to satisfy the estimated tax payment rules.

Check either Box A or Box B.
Sign this document and fill in the information requested below.

BOX A

☐ **"I Want Federal Income Tax Withheld From My Monthly Pension Benefit."**

(Check one)

- ☐ I elect to have $_____ withheld from my monthly pension benefit payments.
- ☐ I elect to have withholding from my pension benefit payments based on the following:
  I am [ ] Single [ ] Married.
  The number of withholding allowances that I am entitled to is _____

BOX B

☐ **"I Do NOT Want Federal Income Tax Withheld from My Monthly Pension Benefit."**

I hereby elect NOT to have any federal income taxes withheld from my monthly pension benefit payments. I understand that this election will not become effective until 30 days after it is received by the Fund Administrator, and that any benefit payments prior to that time will be subject to withholding. I understand that the Internal Revenue Service may impose penalties if my estimated tax payments and withholding (if any) are inadequate to satisfy the estimated tax payment rules, and that I may revoke my election not to have withholding at any time by returning a signed and dated letter of revocation to the Plan Administrator.

_____ _____
Name (please print) Social Security Number

_____
Home Address (number and street)

_____ _____
Date Signature

STATE INCOME TAX WITHHOLDING

Read the State Withholding Information Sheet before you complete this section. If you do not have a copy of the State Withholding Information Sheet, contact your Plan Administrator.

My state of legal residence is: _____

☐ I elect not to have state income tax withheld from my monthly pension payments.

☐ I do elect to have state income tax withheld from my monthly pension payment.

Amount or percent, if applicable: _____.

THIS FORM IS TO BE COMPLETED, SIGNED AND RETURNED WITH YOUR PENSION APPLICATION.

TAX WITHHOLDING FORM

Pointers, Cleaners & Caulkers

Welfare, Pension & Annuity Funds
66-05 Woodhaven Blvd.
Rego Park, NY 11374
Tel: 718-896-6266
Fax: 718-897-5135

Anthony LaCava, Jr.

Administrator

AUTHORIZATION FOR ELECTRONIC DEPOSIT OF
MONTHLY PENSION BENEFIT CHECK

Until you are advised otherwise, I hereby direct that you forward my monthly Pension check to:

Name of Bank: _____

Bank Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

ACH Routing # _____ Acct. # _____ Checking ____ Savings ____

For joint accounts, please give name and address of joint account holder:

_____	_____	_____
Name	Address	City, State, Zip

For joint accounts, the joint account holder is required to give immediate notice of participant's death.

For deposit to my credit in the above account all benefits hereafter becoming due me for payment of my pension benefit from the Pointers, Cleaners & Caulkers Pension Fund. I also authorize the Pension Fund to initiate debit entries and adjustments for any credit entries in error to the above account. If any such payment is made after my death, I hereby direct my executors, administrators, or assigns to refund the amount to you.

_____	_____
Signature of Payee	Date Signed
_____	_____
Name of Payee	Social Security Number

Name and address of closest relative not living with you:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: (___) _____ Relationship: _____

Bricklayers & Allied Craftworkers
Local Union No. 1

Jack Argila – *President*
Anthony LaCava Jr.– *Sec.-Treas.*

Representatives
Michael Barbera
Howard Carr
Kenneth Carr
Lawrence Crovatto
John J. Cucchiarella
Jerzy Gozdyra
Don Grande
Winall Longdon
Kenneth Vairo

Hudson Valley
Michael Clifford
Peter Clifford
David Williams

APPLICATION FOR DUES REDUCTION
*ELIGIBLE PENSIONER***

Name:_____ SS#_____

Address:_____

IU#_____ BOT:_____ Initiation Date:_____

I herein request a reduction in my union dues to **PENSION STATUS** as of_____.

I herein certify that I am fully retired and am no longer working.

I understand, to be eligible for a reduction in dues, I can no longer continue to work.

I herein agree that if I return to work I will notify Local 1 of my active status and resume paying regular dues. I herein certify that my last day of work was: _____.

***Note: I acknowledge that my failure to notify BAC Local #1, NY of my active working status will result in my being charged the additional dues for the months worked.*

_____
Signature Date

Complete and return this form to the Pension Department at the Fund Office. We will verify your pension status and forward to Local #1 for processing. Local 1 will notify you of your effective date for reduction of dues.

Your application for a reduction of dues has been accepted by BAC Local #1
Effective_____Your dues will be $_____per month.

_____
BAC Local #1 Representative

4 Court Square West • Long Island City, NY 11101 • 718-392-0525 • Fax: 718-392-1068 • Bricklayers@bac1ny.com
Serving New York City, Long Island and The Hudson Valley