

Northern California Glaziers, Architectural Metal and Glass Workers  
Pension Trust Fund & Northern California Glaziers Individual  
Account Retirement Plan



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Toll Free: (800) 222-6298 ♦ Fax: (925) 833-7301



APPLICATION FOR POST-RETIREMENT  
DEATH BENEFITS

**PARTICIPANT'S DATA**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_  
(Include certified copy of Death Certificate)

**PERSONAL DATA**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ (Attach copy of birth certificate)

TELEPHONE NUMBER \_\_\_\_\_

DATE OF BENEFIT: MONTH & YEAR \_\_\_\_\_

**I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE STATEMENTS  
ARE TRUE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY  
DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT  
TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT**

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)