

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



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APPLICATION FOR PRE-RETIREMENT
PENSION DEATH BENEFITS

PARTICIPANT'S DATA

NAME _____
(LAST) FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER _____ DATE OF DEATH _____
(Attach 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