

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

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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 _____

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)