

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

4160 Dublin Boulevard, Suite 400
Dublin, CA 94568-7756
Toll Free: (800) 222-6298 * Fax: (925) 833-7301
Email: Glaziersinfo@hsba.com
Website: www.norcalglazierstrust.org



PLEASE READ CAREFULLY

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:

1. Proof of Age for yourself **and** your spouse (see instructions below).
2. Proof of Marriage –county issued certificate if married in the US.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior your work under the Plan**. If you do not have these documents you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
4. Social Security Disability Award Notice if you are applying under the Disability eligibility.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2) of the items listed in Group II**.

IMPORTANT: Naturalization records, United States Passports and Immigration Papers *may not* be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you. Additional items proving your age **may be requested** if the documents you submit do not constitute convincing proof of your age.

GROUP I

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization papers (*photocopy not permitted; submit original*)
9. Immigration papers (*photocopy not permitted; submit original*)
10. Letter from Social Security Administration certifying to your age as it appears on their records.

GROUP II

1. Military record.
2. Passport (U.S. passports may **not** be photocopies; submit original)
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.

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NORTHERN CALIFORNIA GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN
BENEFIT APPLICATION

Applicant's Name:		SSN:
Complete Address, City, State, Zip:		
Phone Number:	Email:	Date of Birth:

***Please provide proof of age.**

I am applying for a distribution as one of the following **(check one)**:

- Participant Beneficiary Alternate Payee

INSTRUCTIONS: Participants complete Parts A and D
 Beneficiary complete Parts B and D
 Alternate Payee complete Parts C and D

All applicants must provide requested information

PART A - PARTICIPANT

Last Day Worked (month & year): _____ Local Union: _____

Marital Status:

- Never Married Married Divorced Divorced & Remarried Legally Separated Widow

Spouse Name: _____ SSN: _____

Spouse Date of Birth: _____

*** Please provide proof of age for your spouse and marriage.**

If Divorced, provide:

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

***If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for all prior marriages.**

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PART B – BENEFICIARY

Participant Name: _____ SSN: _____

Participant’s Date of Death: _____ **(Please provide a certified copy of the Death Certificate)**

Relation to Participant – **(check all that apply)**

- Surviving Spouse of Participant Designated Beneficiary Surviving Alternate Payee
 Other (explain below) _____

PART C – ALTERNATE PAYEE

Participant’s Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

Date of Qualified Domestic Relations Order: _____
(Please provide a copy of the court file-endorsed Qualified Domestic Relations Order)

PART D – DISTRIBUTION DATE AND CERTIFICATION

Requested Date of Distribution: _____

I certify under penalty of perjury that all of the above statements are true and correct and that the Trustees shall the right to recover any payments made to me because of a false statement.

Signature

Date

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ELIGIBILITY AND EMPLOYMENT HISTORY

Check one of the following:

- Retired – Receiving a pension from the Northern California Glaziers, Architectural Metal and Glassworkers Pension Plan.
- Disabled – Please provide your Social Security Disability Benefits Notice of Award.
- Absence from the Industry – 6 consecutive months or more – not currently working, nor have you worked in the industry **in any capacity, union or no-union** in the Glazing Industry in Northern or Central California (including Northern Nevada).

Date you last worked in **any** capacity in the Industry: _____

Current Employment: Unemployed Disability/Workers Compensation

If employed, provided your current Employer's info below

Employer Name: _____

Address: _____

Job Classification: _____

STATE OF CALIFORNIA (ONLY)

Check One:

- I elect to have **NO** State Income Tax withheld.
- I elect to have State Income Tax withheld in an amount equal to 10% of the Federal Tax withholding.

Signature: _____

Date: _____

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SPOUSE'S CONSENT TO REJECT HUSBAND AND WIFE ANNUITY
NOTARY REQUIRED IF YOUR ACCOUNT BALANCE IS \$5,000.00 OR MORE

I declare under penalty of perjury under the laws of the State of California that

_____ is my spouse.
(Participant Name)

I hereby consent to my spouse's election to receive our annuity benefit in a form other than a qualified joint and survivor annuity. I understand that this means that if my spouse predeceases me, I will not receive a survivor annuity I would otherwise receive as required by law.

Spouse Signature

Date

To be completed by Notary Public

State of _____ County of _____

On _____ before me, _____
Date Name and Title of the Officer

Personally appeared _____
(Name of Signer)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the forgoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Place Notary Seal Above)

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ELECTION/ROLLOVER FORM

Elect one of the following and provide the requested information.

- I want my Individual Retirement Account paid as a Lump Sum. I understand that 20% will be withheld for Federal income tax as required by law.
- I want my Individual Retirement Account paid as a Partial Payment in the **net** amount of \$_____. I understand that 20% will be withheld for Federal income tax as required by law. Partial payouts may not be elected more often than once every six (6) months, subject to the Plan's eligibility requirements.
- I want my Individual Retirement Account paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers.
- I want only part of my payment directly transferred to the IRA or other qualified retirement plan named below and the remainder of my account (less 20% withheld for Federal income tax) paid directly to me. Transfer only \$_____ to the IRA or qualified retirement plan named below.
- I want my Individual Retirement Account paid as a Spousal Annuity.
- I want my Individual Retirement Account paid as installments. I understand that installment payments can only be made if my Individual Retirement Account is \$5,000 or more. The Board may impose a reasonable charge for account that is paid as installments.

Signature _____

Date _____

If you elect a direct rollover, this information is required

Name of IRA Trustee or Qualified Retirement Plan

Account Number

Mailing Address

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, and Individual Retirement Annuity, or a qualified retirement plan that accepts rollovers. I understand that payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Northern California Glaziers Individual Re from any further obligations or responsibilities with respect to the benefits so paid.

Signature _____

Date _____

(If you elect installment payments, please complete the following page.)

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ELECTION FORM CONTINUED

Complete ONLY if you elect installment payments.

*If you are under age 70 and elect installment payments, complete the section below.
At age 70 you please continue to the next section of the Election Form.*

- Annual Installments: (This payment option may be changed each June of the Plan Year prior to the designated distribution date.)

I want an annual amount of \$_____ payable the 1st day of _____.
(month)

- Monthly Installments: The amount cannot exceed 4% of the Individual Retirement Account balance. This payment option may be changed each June.

I want a monthly amount of \$_____ payable the 1st day of each month.

Signature

Date

If you are age 70 or older and elected installment payments, complete the section below.

- Lump Sum: I want my Individual Retirement Account paid as a lump sum. I understand that 20% will be withheld for Federal income tax as required by law.

- Fixed Installments:

Annual – I want an annual amount of \$_____ payable each year on June 1st.

Monthly – I want a monthly amount of \$_____ payable on the 1st day of each month.

Minimum installments must be payable in substantially equal amounts, and the present value of payments to be made will not be more than 50% of the present value of the total payments to be made to the participant or beneficiaries. Payments must be completed within a period not extending beyond the life expectancy of the Participant and a designated beneficiary. The Plan administrator will determine the minimum amounts.

- I elect to have my account held in a separate interest-bearing account from the Plan's general investments. I understand that I will not thereafter be allowed to change this election.

Signature

Date