

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.

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

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NOR CAL GLAZIERS PLAN TEMPORARY CORONAVIRUS DISTRIBUTION APPLICATION

Applicant's Name:		(last 4) SSN:
Address:		
Phone Number:	Email:	Date of Birth:
<p><u>MARITAL STATUS</u></p> <p><input type="checkbox"/> Never Married</p> <p><input type="checkbox"/> Married Date of Marriage _____ Name of Spouse _____</p> <p><input type="checkbox"/> Divorced Date of Divorce _____</p> <p><input type="checkbox"/> Divorced & Remarried Date of Divorce _____ Date of Remarriage _____</p> <p><input type="checkbox"/> Widowed</p>		

In connection with the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") which was signed into law on March 27, 2020, the Board of Trustees has approved changes to the Plan to allow qualified participants to take a distribution through December 31, 2020 from their Plan account up to 100% of their account balance, or \$25,000, whichever is less.

In order to qualify for the distribution, the participant must meet one of the following criteria:

1. Be diagnosed with the virus SARS-CoV-2 or with coronavirus disease (COVID-19) by a test approved by the Center for Disease Control (CDC); or
2. Have a spouse or dependent who is diagnosed with such virus or disease by a test approved by the CDC; or
3. Experienced adverse financial consequences as a result of: being quarantined; being furloughed or laid off or having work hours reduced; being unable to work due to lack of child care; or closing or reducing hours of a personal business owned or operated by you due to the virus; or other factors as determined by the Secretary of Treasury. For participants who qualify based on furlough or layoff, the Fund Office will verify their status with the Local Union through the out-of-work list.

This distribution is subject to ordinary income tax but is not subject to the early withdrawal penalty tax of 10%, which generally applies to participants under age 59^{1/2}. Further, since this distribution is not treated as eligible rollover distribution, it is not subject to the mandatory 20% tax withholding. However, 10% federal income tax withholding is applicable, **unless the participant waives the withholding.**

Under the CARES Act, you can spread out the taxes on the distribution ratably over a three-taxable-year period, beginning with the taxable year in which the distribution is made (unless you elect otherwise). You also can repay to the Plan the distribution amount at any time during the three-year-period beginning on the day after the distribution was received.

PAYMENT REQUEST

Self-Attestation:

I hereby apply for benefits from the Northern California Glaziers Individual Account Retirement Plan and certify that I qualify for this distribution as a result of the following (select one):

- I have been diagnosed with the virus SARS-CoV-2 or with coronavirus disease (COVID-19)
- My Spouse or dependent has been diagnosed with SARS-CoV-2 or COVID-19
- I have experienced adverse financial consequences as a result of 1) being quarantined; 2) being furloughed or laid off or having work hours reduced; 3) being unable to work due to lack of childcare; 4) closing or reducing hours of my owned or operated personal business due to the virus; or 5) other factors as determined by the Secretary of Treasury.

I would like to request a payment in the amount of (cannot exceed \$25,000)

Total Amount Requested \$

OR --

Percentage of my account balance _____%
(cannot exceed \$25,000)

The distribution you will receive is subject to federal and state income taxes. Federal income taxes **will** be withheld from your distribution (default is 10%), unless you elect out of withholding. Whether or not you choose to have federal and state income taxes withheld, you are liable for payment of federal or state tax on the taxable portion of your distribution. Please make your elections below.

FEDERAL INCOME TAXES (check one):

- I do not want federal income taxes withheld from my distribution.
- I want federal income taxes withheld from my distribution. 10% will be withheld.

STATE INCOME TAXES (check one):

- I do not want California state income taxes withheld from my distribution.
- I want California state income taxes withheld in the amount of _____

SELF-ATTESTATION:

I hereby apply for benefits from the Northern California Glaziers Individual Account Retirement Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for annuity benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement. I acknowledge that I have read the Plan Rules and Regulations and that any questions I have concerning them have been answered.

Print full Name:	Last 4 SSN:
Signature: _____	Date:

SPOUSAL CONSENT

NOTARY REQUIRED IF YOUR ACCOUNT BALANCE IS \$5,000.00 OR MORE

I _____ declare under penalty of perjury under the
(Participant Name)

laws of the State of California that

_____ is my spouse.
(Spouse Name)

I hereby consent to my spouse’s election for a hardship withdrawal under the Coronavirus Aid, Relief and Economic Security Act “CARES Act” 2020.

Member Signature *Date*

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)