



PLEASE READ CAREFULLY
YOUR APPLICATION CANNOT BE PROCESSED
WITHOUT THE FOLLOWING:

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 - If you submit items from this list, only 1 item is required.

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 - If you submit items from this list, 2 items are required.

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 dates of birth.**
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**

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



NORTHERN CALIFORNIA
GLASS MANAGEMENT
ASSOCIATION



NORTHERN CALIFORNIA GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN
BENEFICIARY BENEFIT APPLICATION

Your Name:		SSN:
Complete Address, City, State, Zip:		
Phone Number:	Email:	Date of Birth:

***Please provide proof of age.**

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) _____

CALIFORNIA STATE TAX

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.

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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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: _____

Printed Name: _____

Last 4 of SSN: _____

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: _____

Printed Name: _____

Last 4 of SSN: _____

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ELECTION FORM CONTINUED

PLEASE ONLY COMPLETE 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.*

- ☐ I want a monthly amount of \$_____ payable the 1st day of each month. The amount cannot exceed 4% of the IARP balance and can be changed June of each year.
- ☐ I want an annual amount of \$_____ payable the 1st day of _____. This amount can be changed June of each year.

Signature _____

Date _____

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

- ☐ 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 _____