

**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 - 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.

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Northern California Glaziers Individual Account Retirement Plan
HARDSHIP APPLICATION

Applicant's Name:		SSN:
Complete address, city, state, zip:		
Phone Number:	Email:	Date of Birth:

***Please provide proof of age; see page 1 for acceptable documents.**

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 proof of your 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.**

Eligibility:

Check one of the following: **(please see attached list of acceptable documents to support your claim -page 5)**

- ☐ Medical Expenses – expenses deductible under IRS Code Section 213(d).
- ☐ The Purchase of a principal residence.
- ☐ Tuition – post-secondary education at an accredited college, university, or trade school.
- ☐ To prevent eviction from or foreclosure on principal residence.
- ☐ Burial or Funeral Expenses – for a deceased parent, spouse, child, or dependent.
- ☐ Expenses for repair of damage to principal residence – expenses deductible under IRS Code Section 165.

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PAYMENT REQUEST

Please list the net dollar amount needed to relieve the hardship:

Please note a 20% federal tax withholding will apply. This amount will be withheld from your remaining account balance or we will issue payment as close to the amount requested above after withholding for federal taxes

STATE TAX WITHHOLDING
(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.

Conditions for Hardship Distribution:

No hardship distribution shall be made unless the board, based upon the Participant's representation and such other facts as are known to the Board, determines that the following conditions are satisfied:

- The distribution is not in excess of the amount of the immediate and heavy financial need of the Participant plus any amounts necessary to pay income taxes or penalties reasonably anticipated resulting from the distribution.
- The Participant has obtained all distributions, other than Hardship distributions, and all non-taxable loans currently available under the qualified retirement plans maintained by the Participant's Employer.

I hereby apply for benefits from the Northern California Glaziers Individual Account 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 Rule and Regulations and that any questions I have concerning them have been answered.

Signature: _____

Date: _____

Printed Name: _____

Last 4 of SSN: _____

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SPOUSAL CONSENT FORM

Participant Name: _____ Spouse Name: _____

Last 4 of SSN: _____ Last 4 of SSN: _____

I declare under penalty of perjury under the laws of the State of California that the Participant listed above is my legal spouse. I hereby consent to my spouse's election to receive our annuity benefit or the partial payment of 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 on the amounts distributed.

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 _____

(NOTARY REQUIRED FOR SPOUSE'S SIGNATURE)

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.

(Place Notary Seal Below)

Signature of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

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SUBMISSION OF PROOF OF HARDSHIP

Failure to provide proper current supporting documentation will result in denial of the hardship request. Please note that other current supporting documentation may be required in addition to the items listed below. Supporting documentation must be prepared within 30 days of the hardship request.

MEDICAL EXPENSES INCURRED

- Amount must (1) not be covered by insurance, (2) not paid in its entirety by insurance, or (3) not previously paid by participant.
- Copy of itemized bills
- "Balance due" statements from providers or notices from collection agencies are not acceptable.
- Explanation of benefits (EOBs) from insurance carriers
- If you did not have any insurance at the time the services were performed, you must submit that in writing.

FOR MEDICAL EXPENSES NOT YET INCURRED

- Doctor/hospital statement – treatment plan identifying name of participant or dependent, service to be rendered, estimated cost of service; statement must be on doctor's/hospital's letterhead; **and**
- Letter from insurance carrier (if applicable) – must identify amount to be paid by insurance or denying coverage

FOR PURCHASE OF A PRINCIPAL RESIDENCE

- Residential Purchase Agreement
- Statement from Title Company showing Summary of Escrow account for closing costs.
- Closing Disclosure from your lender.
- Non-Eligible Expenses: amounts already paid or refinancing a mortgage.

FOR EDUCATIONAL EXPENSES

- Letter from University confirming enrollment and outlining fees and tuition due for the next 12 months.
- Must have exhausted all other financial aid, grant, or loan options.

EVICITION OR FORECLOSURE:

- Copy of current applicable lease. If your tenancy is month-to-month, you must furnish a signed document from the property owner stating the details of your current tenancy. ***REQUIRED***
- Original eviction notice or court order of eviction. Must include the amount necessary to prevent eviction (list past due amounts by month) and date on which amounts must be paid.
- Foreclosure notice - must be from Mortgage Company, other appropriate agency, or state or local taxing authority stating that foreclosure proceedings will begin if amount not paid.
- The address on the eviction or foreclosure notice must be the same as the address on your account, unless the address on your account is a P.O. Box. If the address on your account is a P.O. Box, you must submit a copy of a utility bill that states your physical address that matches the address on the eviction or foreclosure notice.

BURIAL EXPENSES

- Copy of funeral and/or burial bill or other bills (ex: headstone/grave marker, florist) relating to the funeral – must identify family member and billed or outstanding balance.
- Original certified death certificate and proof of relationship.

REPAIR OR DAMAGE TO YOUR HOME

- Proof of damage and bill for repairs.
- Proof that the damage is covered under IRS Code Section 165.