

**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:**

- Proof of Age (see below)
- Certified copy of the death certificate

**INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The Trust Fund will verify the identity of a Beneficiary who submits a retirement application through one of the following methods:

- **Method 1:** Submit birth certificate(s) and a copy of your current and unexpired government issued photo identification (e.g. driver's license, military identification, or passport); or
- **Method 2:** Submit a signed and notarized application with a copy of either: your Birth certificate, or a copy of your issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Submit an application **in person** to the Trust Fund Office with current and unexpired government issued photo identifications (e.g. driver's license, military identification, or passport) for yourself.

**Child beneficiary applying for a benefit** - in the event that the Member is deceased, has not yet retired, was not married at the time of their passing and has a child under the age of 18 and/or who was under the care of the Member the Trust Fund will verify the identity of an unemancipated minor beneficiary as follows:

- **Method 1:** Submit a copy of the minor's birth certificate to be submitted with a signed and notarized application by the minor's guardian or parent; or
- **Method 2:** Submit a copy of a court order assigning guardianship with a signed and notarized application by the minor's guardian; or
- **Method 3:** Submit an application in person to the Trust Fund Office with a copy of the minor's birth certificate or court order assigning guardianship; and the guardian presents a current and unexpired government issued photo identification.

**If you are unable to verify your identity using the above methods, you may request an appeal through the Trust Fund. Appeals will be forwarded to the Plan's legal counsel for review.**

**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 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.

**The Plan is required to withhold 20 percent of the payment for federal income taxes. This withholding does not increase your taxes but will be credited against any income tax you owe. (For further information on direct rollovers and withholding, please read the enclosed Special Notice Regarding Plan Payments.**

**PART D - DISTRIBUTION DATE AND CERTIFICATION**

**Requested Date of Distribution:** \_\_\_\_\_

**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



**DIRECT ROLLOVER FORM**

**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.

**BENEFICIARY PAYEE PAYMENT 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 accounts that is paid as installments.

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**GENERAL ACKNOWLEDGMENT – NOTARIZATION**

**(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)**

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_,

Notary Public, personally appeared \_\_\_\_\_, and \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and have acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Notary's Signature

**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



**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 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup>.
  - Monthly - I want a monthly amount of \$\_\_\_\_\_ payable on the 1<sup>st</sup> 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**