

**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](mailto:Glaziersinfo@hsba.com)  
Website: [www.norcalglaziertrust.org](http://www.norcalglaziertrust.org)



**INSTRUCTIONS FOR COMPLETING A POST-RETIREMENT PENSION DEATH APPLICATION**

Complete the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

**Your application cannot be processed without the following document(s):**

- A) Certified Copy of Death Certificate (No photocopy)
- B) Copy of Proof of Age for yourself (see instructions below).
- C) Certified Copy of Marriage Certificate (if applicable)

**INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

**IMPORTANT: The Trust Fund will verify the identity of a Member and Spouse who submit 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.

**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.**

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**APPLICATION FOR POST-RETIREMENT DEATH BENEFITS**

**PARTICIPANT'S DATA**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

**PERSONAL DATA**

NAME \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE ABOVE STATEMENTS ARE TRUE AND CORRECT. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

**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