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

4160 Dublin Boulevard, Suite 100
Dublin, CA 94568
Toll Free: (800) 222-6298 * Fax: (925) 833-7301
Email: Glaziersinfo@hsba.com
Website: www.norcalglazierstrust.org

# INSTRUCTIONS FOR COMPLETING AN ALTERNATE PAYEE 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) Copy of Proof of Identity for yourself (see instructions below).

## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF IDENTITY

**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 a copy of your birth certificate 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 your Birth certificate, or a copy of your current and unexpired government 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 PENSION BENEFITS ALTERNATE PAYEE

**INSTRUCTIONS: Type or print all information. Be sure to sign and date the application.**

## I. PARTICIPANT INFORMATION

_____ _____
Last Name of Participant First Name MI Social Security Number

_____
Date of Birth

## II. ALTERNATE PAYEE INFORMATION

*****As your name on your birth certificate may differ from your current name, please submit a written explanation clarifying the difference, for auditing purposes. *****

_____ _____
Last Name of Alternate Payee First Name MI Social Security Number

_____
Email Address

_____
Address City, State and Zip Code

_____ _____
Date of Birth Telephone Number

I certify under penalty of perjury that I am the ex-spouse of the above named individual and hereby apply for Retirement Benefits which have been awarded to me through the Qualified Domestic Relations Order payable by the Northern California Glaziers, Architectural Metal and Glass Workers Pension Trust Fund. 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 _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within 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 _____ that the foregoing paragraph is true and correct.***

***WITNESS my hand and official seal.***

_____***(Seal)***
***Notary's Signature***