

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.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):

- Application for Death Benefits
- Copy of Proof of Identity for yourself (see instructions below)
- Certified Copy of Marriage Certificate (if applicable)
- Certified copy of the Death Certificate
- Tax Withholding Forms
- Electronic Fund Transfer Form

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(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 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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NORTHERN CALIFORNIA
GLASS MANAGEMENT
ASSOCIATION

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 _____

EMAIL 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 _____, 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)