



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
www.norcalglaziertrust.org



Hardship Application for Individual Account Retirement Plan

INSTRUCTIONS:

Fully complete and return all sections of this application along with all requested documentation to prevent processing delays. Take extra care to sign and date the application.

Personal Data:

Name: LAST FIRST MIDDLE

Address:

City: State: Zip Code:

Phone #: Local Union number:

SSN: Date of Birth\*: MONTH/DATE/YEAR

\* Provide proof of age; see submission checklist

Marital Status - Check one:

Never Married Married Divorced Divorced & Remarried Widowed

If married, provide: Spouse's name:

Spouse's Date of Birth: MONTH/DATE/YEAR

Date of Marriage: MONTH/DATE/YEAR

If married - Provide copy of Marriage certificate, Spouse proof of age and complete and notarize Spouse consent form.



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If divorced, provide:

Ex-Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Ex-Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Ex-Spouse's Name: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

- Provide a copy of the Final Judgement of Dissolution of Marriage; and
Property/Marital Settlement agreement, and/or Qualified Domestic Relations Order (QDRO) for each occurrence.

Eligibility - Please check the eligibility requirement that applies:

Table with 2 columns: checkbox, description of eligibility requirement (e.g., Medical expenses deductible under Code Section 213 (d), The purchase of a principal residence, Tuition and related educational fees for the next 12 months of post-secondary education, etc.)

Please see attached document for submissions required to support your application.

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**PAYMENT REQUEST**

**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 reasonable 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.

**Dollar amount required to relieve immediate and heavy financial need including anticipated income taxes and penalties): \$ \_\_\_\_\_**

**If you are absent from the industry, please complete:**

I, \_\_\_\_\_, am not working, nor have I worked any hours in any capacity (whether union or non-union) in the Glazing Industry in Northern or Central California (including Northern Nevada), since the following date: \_\_\_\_\_



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**NOTARIZED SPOUSE CONSENT**

I understand that my Spouse is applying for a lump sum hardship withdrawal and that consenting to this withdrawal will affect my future benefits. **I hereby consent to my spouse's election to receive all or part of our individual account retirement plan benefit as a lump sum hardship withdrawal which I understand is a form other than a qualified joint and survivor annuity. I understand that this means that the amount distributed at this time will not be paid to me in the event my spouse predeceases me.**

\_\_\_\_\_  
SPOUSE'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NUMBER

**TO BE COMPLETED BY NOTARY PUBLIC**

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

On \_\_\_\_\_ before me, \_\_\_\_\_  
DATE NAME & TITLE OF THE OFFICER

Personally appeared \_\_\_\_\_  
NAME OF SIGNER

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.

\_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above



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**No available other resources.**

**Please answer the following questions to support your application:**

Q. Can your financial need be relieved by accessing compensation or reimbursement by insurance?

A. \_\_\_\_\_

Q. Can your financial need be relieved by liquidating some of your assets, to the extent that such liquidation would itself not cause an immediate and heavy financial need?

A. \_\_\_\_\_

Q. Can your financial need be relieved by other distributions or loans from any other qualified retirement plan?

A. \_\_\_\_\_

Q. Can your financial need be relieved by borrowing from commercial sources on reasonable commercial terms **(list the commercial sources from which you have sought to borrow)?**

A. \_\_\_\_\_

A. \_\_\_\_\_

A. \_\_\_\_\_

A. \_\_\_\_\_

No hardship distribution shall be made unless the Board determines that your hardship need cannot be satisfied from other resources reasonably available to you. For this purpose, your resources shall be deemed to include those assets of your spouse and minor children that are reasonably available to you. A distribution may be treated as necessary to satisfy financial need if the Board relies upon your representation that the need cannot otherwise be relieved.



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**STATE OF 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.

**APPLICANT DECLARATION:**

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 Rules and Regulations and that any questions I have concerning them have been answered.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



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**INSTRUCTIONS FOR SUBMISSION OF PROOF OF HARDSHIP**

**The acceptable supporting documents are listed below. Submit a Photocopy of the applicable proof document requested below:**

**Medical expenses deductible under Code Section 213 (d).**

Example of documentation required: Copy of medical bills

**The purchase of a principal residence.**

Example of documentation required: Loan documents outlining distribution required to relieve hardship.

**Tuition and related educational fees for the next 12 month of post-secondary education.**

Example of documentation required: Letter from University outlining fees and tuition for the next 12 months.

**To prevent eviction or foreclosure of principal residence.**

Example of documentation required: Copy of eviction or foreclosure notice outlining distribution required to relieve hardship.

**Burial or funeral expenses for a deceased Parent, spouse, child or dependant.**

Example of documentation required: Copy of bill outlining funeral costs.

**Expenses for the repair of damage to principal residence that would qualify for the casualty deduction under Section 165 of the code.**

Example of documentation required: Copy of bill showing total cost for repair.



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## INSTRUCTIONS FOR SUBMISSION OF PROOF OF AGE

The acceptable proofs of age are listed below in two (2) groups. Submit a Photocopy of one of the proofs listed in Group I, if you have it. If you cannot submit any of the proof documents requested in group I, submit Photocopies of two of the proofs listed in group II.

### GROUP I (submit ONE of the following)

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 (submit TWO of the following)

1. Military record.
2. Passport (**U.S. passports may not be Photocopied; submit original**)
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such records.
5. An insurance policy which shows the age or date of birth.
6. Marriage Records showing date of birth (**application for marriage license or church record, certified by the custodian of such record**).
7. Driver's License or State identification card.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.