



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

4160 Dublin Blvd. ♦ Suite 400 ♦ Dublin, CA 94568-4456
Toll Free: (800) 222-6298 Fax: (925) 833-7301



***Northern California Glaziers Individual Account Retirement Plan
Benefit Application***

Applicant's Name:		SSN:
Address:		
Phone Number:	Email:	Date of Birth:

I am applying for a distribution as one of the following (check one):

****Provide proof of age; See page 8 "Instructions Concerning Submission of Proofs of Age" for a list of acceptable items****

Participant

Beneficiary

Alternate Payee

INSTRUCTIONS: Participants complete Parts A and D
Beneficiary complete Parts B and D
Alternate Payee complete Parts C and D
All applicants must provide requested information

PART A – PARTICIPANT

Last Day Worked (month & year): _____ Local Union: _____

Marital Status:

Never Married – Please provide a photocopy of your birth record.

Married – Please provide a photocopy of your marriage license and photocopy of yours and your spouse's birth records.

Spouse Name: _____ SSN: _____

Spouse Date of Birth: _____

Widow – Please provide a photocopy of the death certificate.

Divorced – Please provide a copy of the Final Judgment along with any property settlement agreement and/or Qualified Domestic Relations Order

Divorced & Remarried – Please provide a copy of the Final Judgment along with any property settlement agreement and/or Qualified Domestic Relations Order

Legally Separated – Please provide a copy of any separation documentation with any property settlement agreement and/or Qualified Domestic Relations Order



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Part A - continued

Check one of the following:

- Retired - Receiving a pension from the Northern California Glaziers, Architectural Metal and Glassworkers Pension Plan.
Disabled - Please provide your Social Security Disability Benefits Notice of Award.
Absence from the Industry - 6 consecutive months or more

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

PART B - 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)

PART C - ALTERNATE PAYEE

Applicant's Name: SSN:

Address:

Phone Number: Date of Birth:

Date of Qualified Domestic Relations Order: (Please provide a copy of the court file-endorsed Qualified Domestic Relations Order)

PART D - DISTRIBUTION DATE AND CERTIFICATION

Requested Date of Distribution:

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

Signature Date



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**GLAZIERS INDIVIDUAL ACCOUNT RETIREMENT PLAN
ELECTION FORM**

IMPORTANT: If you wish payment in a form other than a Joint & Survivor annuity, and you are married, then your spouse must complete the declaration on Page 6 and have it notarized.

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 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. (Participants and surviving spouses only complete the Rollover Election Form.)
- I want my Individual Retirement Account paid as a Husband and Wife Annuity. I understand that the Annuity will be purchased from an insurance company which will pay monthly benefits to me for my and lifetime and then to my surviving spouse's lifetime in a lesser amount.
- 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 account that is paid as installments.

Signature

Date

(If you elect installment payments, please complete the following page.)



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Election Form Continued:

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.

Annual Installments: (This payment option may be changed each June of the Plan Year prior to the designated distribution date.)

I want an annual amount of \$_____ payable the 1st day of _____ (month)

Monthly Installments: The amount cannot exceed 4% of the Individual Retirement Account balance. This payment option may be changed each June.

I want a monthly amount of \$_____ payable the 1st day of each month.

Signature

Date

If you are age 70 or older and elected installment payments, complete the section below.

Lump Sum: 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.

Fixed Installments:

Annual - I want an annual amount of \$_____ payable each year on June 1st.

Monthly - I want a monthly amount of \$_____ payable on the 1st 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



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Complete this form if you will receive an eligible rollover distribution such as a lump sum payout, or installment payments paid over less than a 10-year period.

If you will receive part or all of your benefits as an "eligible rollover distribution," you may elect to have part or all of that distribution transferred directly to an Individual Retirement Account (IRA). If you choose not to have an eligible rollover distribution transferred directly to an IRA or other retirement plan, 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.)

Name (Print)

Social Security Number

Street Address

City, State, Zip Code

Spouse/Beneficiary Name (Print)

Social Security Number

Street Address

City, State, Zip Code

Check below to indicate your election as to distribution of your payment:

- I elect to be paid the full amount of my Individual Retirement Account, less 20% withheld for Federal income tax as required by law. I do not want the Plan to transfer any portion of my account to an IRA or other qualified retirement plan.
- I want to transfer my entire payment directly to the IRA or other qualified retirement plan name on page, 2 which accepts rollovers.
- I want only part of my payment directly transferred to the IRA or other qualified retirement plan names on page 2 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 on page 2.

If you elect a direct rollover, all of the following information must be provided before the direct rollover can be made.

Name of IRA Trustee or Qualified Retirement Plan Account Number

Mailing Address

If you have elected a direct rollover of all or part of your benefit, please read and sign the following statement.

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

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payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Northern California Glaziers Pension Fund Trust from any further obligations or responsibilities with respect to the benefits so paid

Signature

Date

SPOUSE'S CONSENT TO REJECT HUSBAND AND WIFE ANNUITY

I declare under penalty of perjury under the laws of the State of California that

_____ is my spouse.
(Participant Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than a qualified joint and survivor annuity. I understand that this means that if my spouse predeceases me, I will not receive a survivor annuity I would otherwise receive as required by law.

Spouse Signature

Date

To be completed by Notary Public

State of _____ County of _____

On _____ before me, _____
Date Name and 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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STATE OF CALIFORNIA (ONLY)

Name: _____ SSN: _____

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.

Signature: _____

Date: _____



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INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof from **Group I**, submit photocopies of two (2) of the proofs from **Group II**. **You are cautioned; Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original.** It will be returned to you by certified mail.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of age.

GROUP I

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 signed statement by the physician or midwife who was in attendance at birth, as to the date shown on their records.
8. Naturalization record. (Photostat no permitted, submit original.)
9. Immigration papers. (Photostat no permitted, submit original.)
10. Letter from Social Security Administration certifying to your age as it appears on their record.

GROUP II

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

ORIGINAL DOCUMENTS WILL BE PHOTOCOPIED AT THE FUND OFFICE AND RETURNED TO YOU.