



BAY AREA PAINTERS AND TAPERS

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 400

Dublin, CA 94568-7756

Toll Free: (866) 894-3705 * Fax: (925) 833-7301

Email: Paintersinfo@hsba.com

Website: www.bayareapainterstrust.org



BAY AREA PAINTERS AND TAPERS ANNUITY PLAN ***Benefit Application***

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

****Provide proof of your age.**

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) _____

ALTERNATE PAYEE

Participant's Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

Date of Qualified Domestic Relations Order: _____

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

DISTRIBUTION DATE AND CERTIFICATION

Requested Date of Distribution: _____

Signature

Date



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SPOUSAL BENEFICIARY PAYMENT FORM

Elect one of the following and provide the requested information.

*****Please note: if the accumulated share does not exceed \$5,000, payment must be made in a lump sum*****

- I want my benefit paid as a Lump Sum. I understand that 20% will be withheld for Federal income tax as required by law.
- By purchase of an annuity which provides for the payment of fixed monthly installments over a certain period of time not to exceed the life of the Annuitant (except as provided under a life annuity with a period certain guarantee), under terms which may be available under an insurance annuity contract.
- I want my benefit paid as a combination of a Lump Sum payment and an annuity payment of fixed monthly installments -with a Lump Sum amount of \$_____ and the balance to be converted to a monthly life annuity.
- I want my benefit paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers.
- I want only part of my payment directly transferred to the IRA or other qualified retirement plan named below 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 below.

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

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 payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Bay Area Painters and Tapers Annuity Fund Trust from any further obligations or responsibilities with respect to the benefits so paid.

I hereby apply for benefits from the Bay Area Painters and Tapers Annuity 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 had concerning them have been answered.

Signature

Date



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NON-SPOUSAL BENEFICIARY PAYMENT FORM

Elect one of the following and provide the requested information.

- I want my benefit paid as a Lump Sum. I understand that 20% will be withheld for Federal income tax as required by law.
- I want my benefit paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers.
- I want only part of my payment directly transferred to the IRA or other qualified retirement plan named below 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 below.

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

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 payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Bay Area Painters and Tapers Annuity Fund Trust from any further obligations or responsibilities with respect to the benefits so paid.

I hereby apply for benefits from the Bay Area Painters and Tapers Annuity 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 had concerning them have been answered.

Signature

Date



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ALTERNATE PAYEE PAYMENT FORM

Elect one of the following and provide the requested information.

- I want my benefit paid as a Lump Sum. I understand that 20% will be withheld for Federal income tax as required by law.
- By purchase of an annuity which provides for the payment of fixed monthly installments over a certain period of time not to exceed the life of the Annuitant (except as provided under a life annuity with a period certain guarantee), under terms which may be available under an insurance annuity contract.
- I want my benefit paid as a combination of a Lump Sum payment and an annuity payment of fixed monthly installments -with a Lump Sum amount of \$_____ and the balance to be converted to a monthly life annuity.
- I want my benefit paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers.
- I want only part of my payment directly transferred to the IRA or other qualified retirement plan named below 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 below.

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

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 payment of my benefits to the trustee of the IRA or qualified retirement plan will release the Trustees of the Bay Area Painters and Tapers Annuity Fund Trust from any further obligations or responsibilities with respect to the benefits so paid.

I certify under penalty of perjury that I am the ex-spouse of _____ and hereby apply for Retirement benefits which have been awarded to me through the Qualified Domestic Relations Order payable from the Bay Area Painters and Tapers Annuity Plan. 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 false statements.

Signature

Date



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CALIFORNIA STATE TAX:

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

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2) of the items listed in Group II**.

IMPORTANT: Naturalization records, United States Passports and Immigration Papers *may not* be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you. Additional items proving your age may be requested if the documents you submit do not constitute convincing proof of your 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 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

1. Military record.
2. Passport (U.S. passports may **not** be photocopies; submit original)
3. School records; certified by the custodian of such records.
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 marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.