



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



PLEASE READ CAREFULLY

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:

Complete the application in its entirety. Your application cannot be processed without the following document(s):

1. Proof of Age for yourself (see instructions below).
2. Proof of Marriage –county issued certificate if married in the US.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior your work under the Plan**. If you do not have these documents you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
4. Social Security Disability Award Notice if you are applying under the Disability eligibility.

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 - **If you submit items from this list, only 1 item is required.**

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 - **If you submit items from this list 2 items are required.**

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 dates of birth**.
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.



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BAY AREA PAINTERS AND TAPERS ANNUITY PLAN **BENEFIT APPLICATION**

Applicant's Name:		SSN:
Complete address, city, state, zip:		
Phone Number:	Email:	Date of Birth:

*** Please provide proof of age.**

Marital Status:

Never Married Married Divorced Divorced & Remarried Legally Separated Widow

Spouse Name: _____ SSN: _____

Spouse Date of Birth: _____

*** Please provide proof of your marriage.**

If Divorced or Divorced & Remarried, provide:

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

Former Spouse Name: _____ SSN: _____

Date of Marriage: _____ Date of Separation: _____

***If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for all prior marriages.**

ELIGIBILITY

Check one of the following:

- Retired – Receiving a pension from the Bay Area Painters and Tapers Pension Trust Fund.
- Disabled – Please provide your Social Security Disability Benefits Notice of Award.
- Failure to work at least 400 hours in Covered Employment in the two most recent Plan Years.
- No contributions have been made or were required to be made to the Participant's Individual Account for a period of at least six consecutive calendar months ***and*** evidence that the Participant has not otherwise engaged nor, at the time of qualification for the distribution, is engaged in any employment for wages or profit as a painter or taper in the geographic area covered by the Annuity Plan.



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EMPLOYMENT HISTORY

1. Date you last worked in **any** employment (union or non-union) for wages or profit as a painter or taper in the industry: _____.

2. Current Employment **(check one)**:

Unemployed

Disability/Workers Compensation

Current Employer: _____

Address: _____

Job Classification: _____

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.

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.)

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: _____

Printed Name: _____

Last 4 of SSN: _____



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SPOUSAL CONSENT FORM

NOTARY REQUIRED IF YOU ARE MARRIED AND YOUR ACCOUNT BALANCE IS OVER \$5,000.00

Participant Name: _____

Spouse Name: _____

Last 4 of SSN: _____

Last 4 of SSN: _____

I declare under penalty of perjury under the laws of the State of California that the Participant listed above is my legal spouse. I hereby consent to my spouse's election to receive our annuity benefit or the partial payment of our annuity 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 on the amounts distributed (including a rollover).

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 _____

(NOTARY REQUIRED FOR SPOUSE'S SIGNATURE)

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.

(Place Notary Seal Below)

Signature of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.



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PAYMENT ELECTION FORM

ATTENTION: BEFORE COMPLETING THIS FORM PLEASE READ THE SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS CAREFULLY. YOU MAY ALSO WISH TO CONSULT YOUR TAX ADVISOR BEFORE MAKING THIS ELECTION.

Elect one of the following and provide the requested information.

- I want my Accumulated Share 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 Accumulated Share 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 Accumulated Share paid as a Rollover to an IRA or to a qualified retirement plan which accepts rollovers.
- I want only part of my Accumulated Share directly transferred to the IRA or other qualified retirement plan named below and the remainder (less 20% withheld for Federal income tax) paid directly to me. Transfer only \$_____ to the IRA or qualified retirement plan named below.

Signature: _____

Date: _____

Printed name: _____

Last 4 of SSN: _____

If you elect a direct rollover, this information is required

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 Plan from any further obligations or responsibilities with respect to the benefits so paid.

Signature

Date