

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:

IMPORTANT: Naturalization records, United States Passports and Immigration Papers <u>may not</u> be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The Trust Fund will verify the identity of an Alternate Payee who submits a retirement application through one of the following methods:

- **Method 1**: Submit 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 either: your Birth certificate, or a copy of your 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.

<u>Child beneficiary applying for a benefit</u> - in the event that the Member is deceased, has not yet retired, was not married at the time of their passing and has a child under the age of 18 and/or who was under the care of the Member the Trust Fund will verify the identity of an unemancipated minor beneficiary as follows:

- **Method 1:** Submit a copy of the minor's birth certificate to be submitted with a signed and notarized application by the minor's guardian or parent; <u>or</u>
- **Method 2:** Submit a copy of a court order assigning guardianship with a signed and notarized application by the minor's guardian; <u>or</u>
- **Method 3:** Submit an application in person to the Trust Fund Office with a copy of the minor's birth certificate or court order assigning guardianship; and the guardian presents a current and unexpired government issued photo identification.

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.

Administrated By: HS&BA



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BAY AREA PAINTERS AND TAPERS ANNUITY PLAN Alternate Payee Benefit Application

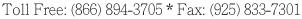
Your Name:			SSN:			
Complete Address:						
Phone Number:	Email:			Date of Birth:		
**Provide proof of your age.						
PARTICIPANT INFORMATION						
Participant's Name:		SSN:				
Date of Marriage:		Date of Separation:				
Date of Qualified Domestic Relations Order: (Please provide a copy of the court file-endorsed Qualified Domestic Relations Order)						
Thease provide a copy of the court file chaofsea Qualified Bolifestic Relations of act y						
CALIFORNIA STATE TAX						
CHECK ONE:						
☐ I elect to have NO State Income Tax withheld.						
\square I elect to have State Income Tax withheld in an amount equal to 10% of the Federal Tax withholding.						



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DIRECT ROLLOVER FORM

IJ	f you elect a direct rollover, this i	nformation is required
Name of IRA Trustee	or Qualified Retirement Plan	Account Number
Mailing Address		
etirement Annuity, or a qu rustee of the IRA or qualifie	alified retirement plan that accepts rollo	ve is an Individual Retirement Account, and Individual vers. I understand that payment of my benefits to the s of the Bay Area Painters and Tapers Annuity Plan from so paid.
	<u>ALTERNATE PAYEE PA</u>	IYMENT FORM
Elect one of the follow	ving and provide the requested info	rmation.
☐ I want my benefit pai	d as a Lump Sum. I understand that 20%	will be withheld for Federal income tax as required by lav
not to exceed the life of th		ixed monthly installments over a certain period of time life annuity with a period certain guarantee), under
☐ I want my benefit pai	d as a combination of a Lump Sum payme	nt and an annuity payment of fixed monthly and the balance to be converted to a monthly
☐ I want my benefit pai	d as a Rollover to an IRA or to a qualified	retirement plan which accepts rollovers.
the remainder of my acco	y payment directly transferred to the IRA ount (less 20% withheld for Federal incom RA or qualified retirement plan named bel	
	of perjury that all of the above stateme er any payments made to me because o	ents are true and correct and that the Trustees shall of a false statement.
Signature:		<mark>Date:</mark>
Printed Name:		
	GMENT – NOTARIZATION	
	ARIZATION IF YOU ARE USING "METHO	D 2" TO VERIFY YOUR IDENTITY.)
State of	County of	<u>"</u>
that they executed the same is		_, and, who proved bscribed to the within instrument and have acknowledged to me ignature on the instrument, the persons, or the entity upon
I certify under PENALTY OI that the foregoing paragraph	F PERJURY under the laws of the State of is true and correct.	
WITNESS my hand and offic	rial seal.	
Notary's Signature		_