



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 Trust Fund will verify the identity of a Member and Spouse who submit a retirement application through one of the following methods:

- **Method 1:** Submit birth certificate(s) and a copy of Member and Spouse 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: Member and Spouse Birth certificate, or a copy of Member and Spouse government 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 both Member and Spouse.

Child beneficiary applying for a benefit - 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; or
- **Method 2:** Submit a copy of a court order assigning guardianship with a signed and notarized application by the minor's guardian; or
- **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.



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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 AND EMPLOYMENT HISTORY

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.

Date you last worked in any capacity for wages or profit as a painter or taper, in the industry: _____

Current Employment: Unemployed Disability/Workers Compensation

If employed, provided your current Employer's info below:

Employer Name: _____

Address: _____

Job Classification: _____



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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.

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.)

DIRECT ROLLOVER FORM

If you elect a direct rollover, please provide the information for the Rollover Account

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 Annuity 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.

Printed name: _____

Signature: _____

Date: _____



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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: _____

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 foregoing 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.

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: _____

Spouse's Signature: _____

Date: _____

Printed name: _____

GENERAL ACKNOWLEDGMENT – NOTARIZATION

(ONLY COMPLETE NOTARIZATION IF YOU ARE USING "METHOD 2" TO VERIFY YOUR IDENTITY.)

State of _____ County of _____

On _____, before me, _____,

Notary Public, personally appeared _____, and _____, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and have acknowledged to me that they executed the same in their authorized capacities, and that by their signature on the instrument, the persons, or the entity upon behalf of which the persons acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary's Signature