



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 *may not* 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 a Beneficiary 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.

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 ***Beneficiary Benefit Application***

Your Name:		SSN:
Complete Address:		
Phone Number:	Email:	Date of Birth:

****Provide proof of your age (see list on page 1).**

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) _____

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.



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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 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:** _____

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

Adminstrated By: HS&BA



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NON-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.
- 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:** _____

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