



BAY AREA PAINTERS AND TAPERS

PENSION AND ANNUITY TRUST FUNDS

4160 Dublin Boulevard, Suite 100

Dublin, CA 94568-7756

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

Email: Paintersinfo@hsba.com

Website: www.bayareapainterstrust.org



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INSTRUCTIONS FOR COMPLETING A PENSION DEATH APPLICATION

Complete the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

Your application cannot be processed without the following document(s):

- A. Application for Death Benefits
- B. Copy of Proof of Identity for yourself (see instructions below)
- C. Certified Copy of Marriage Certificate (if applicable)
- D. Certified copy of the Death Certificate
- E. Tax Withholding Forms
- F. Electronic Fund Transfer Form

INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF IDENTITY

IMPORTANT: The Trust Fund will verify the identity of a Spouse who submits a retirement application through one of the following methods:

- **Method 1:** Submit a copy of your 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 your birth certificate, or a copy of your current and unexpired 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 yourself.

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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APPLICATION FOR DEATH BENEFITS

PARTICIPANT'S DATA

NAME _____
(LAST) (FIRST) (MIDDLE)

SOCIAL SECURITY NUMBER _____

DATE OF BIRTH _____ DATE OF DEATH _____

PERSONAL DATA

NAME _____
(LAST) (FIRST) (MIDDLE)

ADDRESS _____

SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____

EMAIL ADDRESS _____

TELEPHONE NUMBER _____

I certify under penalty of perjury that I am the beneficiary of the above-named individual and hereby apply for any **Death Benefits** which may be payable from the Bay Area Painters and Tapers Pension Fund. 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 a false statement.

(SIGNATURE)

(DATE)

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 _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within 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 _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

(Seal)