



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



NORTHERN CALIFORNIA
PAINTING & FINISHING
CONTRACTORS



RE: Bay Area Painters & Tapers Trust Fund
Participant UID:

Dear _____ :

This letter will confirm receipt of your retirement application. According to your application, you are/were currently self-employed/owner as a Painter.

According to the State of California Contractors State License Board, the license for your business, _____, remains active through _____, stating you are still the _____ Owner. In order to further review your retirement application, you must provide proof that your contractor license is no longer active and/or expired and that you have dissociated yourself from the business, please also complete the Resignation of Ownership Certificate (enclosed). If you wish to cancel your retirement application, please indicate as such in writing.

If your contractors' state license is still active, you may submit additional information to the Board of Trustees to demonstrate that you are no longer working in Industry Service (for example, the business was sold or transferred to another entity, and you are no longer associated with the business).

Additionally, Plan records indicate your Required Beginning Date is _____ :

*Section 1.28 which states a member's, "**Required beginning date** means with respect to any Participant who attains age 70 ½ on or after January 1, 1988, the April 1 of the calendar year following the calendar year in which the Participant attains age 70 ½." Section 11.13 of the Plan governs the criteria to be deemed Retired from the Plan.*

Section 11.13(a)-(c) provides as follows:

*(a) **Retirement Before Normal Retirement Age.** To be deemed Retired before he has attained Normal Retirement Age (age 65), a Pensioner must withdraw completely and refrain from employment or self-employment for wages or profit anywhere for which he receives in excess of one day's pay in a calendar month.*



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*(b) **After Normal Retirement Age and before the Required Beginning Date.** To be deemed Retired after he has attained Normal Retirement Age (65), a Pensioner must refrain from employment or self-employment of 40 hours or more during any calendar month.*

*(c) **After the Required beginning Date.** A Pensioner shall be deemed Retired upon attainment of his Required Beginning Date (as defined in Section 1.28) irrespective of the type of employment performed.*

Pensioners cannot work in an industry in which Employees were employed and accrued benefits under the Plan as a result of such employment at the time that the payment of benefits to you commenced or would have commenced if you had not remained in or returned to employment, and in a trade or craft in which you were employed at any time under the Plan. Before Normal Retirement Age, a Pensioner cannot work anywhere in the type of work described above. After Normal Retirement Age, a Pensioner cannot work in the geographical jurisdiction of the Fund (California and Nevada). Section 11.13(a)-(b).

Therefore, if you wish to continue with your retirement date of _____, it will be necessary for you to submit proof of your inactive contractor's license as well as complete/return the enclosed Resignation of Ownership Certification. Please also submit _____.

If you wish to change your retirement date to _____, please do so in writing to the Trust Fund office and you _____ need to submit a new application at a later date.

Please return the required documentation as soon as possible. Without this information, we are unable to complete our review of your application for benefits. For your convenience, a return envelope is enclosed.

If you have any questions, please contact the Trust Fund Office.

Sincerely,

Pension Department/



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RESIGNATION OF OWNERSHIP CERTIFICATE

This is to certify that I, _____ as of _____, 20____,
(Name of Participant) (Date)

divested myself of all ownership in _____
(Name of Company)

(i.e. sold stock, dissolved corporation, etc) and resigned as an officer, director and/or employee of the company
and shall provide appropriate evidence of this action as required by the Bay Area Painters and Tapers Trust
Fund.

Signed: _____
Participant's Signature Date

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____

On _____; before me, _____
Date Name and Title of the Officer

personally appeared _____
Name of Signer

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

Signature of Notary Public

