

# AUTOMOTIVE INDUSTRIES PENSION FUND



4160 DUBLIN BOULEVARD SUITE 400 | DUBLIN, CA 94568-7756  
TELEPHONE (800) 635-3105 | FAX (925) 588-7121  
[www.aitrustfunds.org](http://www.aitrustfunds.org)

## BENEFIT APPLICATION

### PERSONAL INFORMATION

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*Provide proof of age; See "Instructions Concerning Submission of Proofs of Age" for a list of acceptable items\*\***

I am applying for a distribution as one of the following (check one):

Participant                       Beneficiary                       Alternate Payee

### INSTRUCTIONS:

Participants complete Parts A and D  
Beneficiary complete Parts B and D  
Alternate Payee complete Parts C and D  
All applicants must provide requested information.

### PART A – PARTICIPANT

Last Day Worked (month & year): \_\_\_\_\_ Local Union: \_\_\_\_\_

#### **Marital Status:**

Check one of the following:

- Never Married – Please provide a photocopy of your birth record.
- Married – Please provide a photocopy of your marriage license and photocopy of your spouse's birth record  
Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Spouse Date of Birth: \_\_\_\_\_
- Widowed – Please provide a photocopy of the death certificate.
- Divorced – Please provide photocopy of the Final Judgment along with a complete copy of a property settlement agreement and/or Qualified Domestic Relations Order.  
Name of Ex-Spouse: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- Divorced & Remarried – Please provide photocopy of the Final Judgment along with a complete copy of a property settlement agreement and/or Qualified Domestic Relations Order.  
Name of Ex-Spouse: \_\_\_\_\_ Date of Divorce: \_\_\_\_\_
- Legally Separated – Please provide photocopy documentation and a complete copy of a property settlement agreement and/or Qualified Domestic Relations Order.  
Name of Ex-Spouse: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

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## **PART A continued**

### **Eligibility:**

Check one of the following:

- Retirement – Receiving a pension from the Automotive Industries Pension Plan
- Normal Retirement – Age 65 or more
- Early – Age 55 or more – Member has to be active
- Disabled – Please provide a copy of your Social Security Disability Notice of Award Letter

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## **PART B – BENEFICIARY**

Participant Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Participant's Date of Death: \_\_\_\_\_

Please provide a certified copy of the Death Certificate.

Last Day Worked (month & year): \_\_\_\_\_ Local Union: \_\_\_\_\_

Relation to Participant – (check all that applies):

- Surviving Spouse of Participant
- Designated Beneficiary
- Surviving Alternate Payee in Qualified Domestic Relations Order
- Other (explain below) \_\_\_\_\_

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## **PART C – ALTERNATE PAYEE**

Applicant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Date of Qualified Domestic Relations Order: \_\_\_\_\_

**\*\*Please provide a copy of the court file-endorsed Final Judgment and/ or Qualified Domestic Relations Order if not already on file with the Trust Fund administration office\*\***

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## **PART D – DISTRIBUTION DATE AND CERTIFICATION**

Requested Date of Distribution: \_\_\_\_\_

I certify under penalty of perjury that all of the above statements are true and correct and that the Trustees shall the right to recover any payments made to me because of a false statement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## PAYMENT ELECTION FORM

Please select one of the following:

- I want my Individual Retirement Account paid as a **Lump Sum**. I understand that 20% will be withheld for Federal income tax as required by law.
- I want my Individual Retirement Account paid as a **Partial Payment** in the amount of \$\_\_\_\_\_. I understand that 20% will be withheld for Federal income tax as required by law.
- I want my Individual Retirement Account paid as a **Rollover** to an IRA or to a qualified retirement plan which accepts rollovers. *(Please complete the Rollover Election form enclosed)*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## STATE OF CALIFORNIA TAX ELECTION

If you are taking cash value for your benefit payment, please check ONE of the following California tax selections:

- I elect to have California State Income Tax withheld in an amount equal to 10% of the Federal tax withholding.
- I elect to have **NO** California State Income tax withheld.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## ROLLOVER ELECTION FORM

- I elect to transfer the full amount of my lump sum benefit payment directly to the IRA or the Qualified Retirement Plan listed below.
- I elect to transfer only \$ \_\_\_\_\_ of my lump sum benefit payment directly to the IRA or the Qualified Retirement Plan listed below and the remainder of my payment paid directly to me. I understand that 20% of the amount paid to me will be withheld for Federal income taxes.

Name & Address of IRA Trustee/Qualified Retirement Plan:

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Account Number: \_\_\_\_\_

**\*\*For further details concerning taxes please see the enclosed Special Tax Notice\*\***

## DIRECT ROLLOVER CERTIFICATION

If you have elected a direct rollover of your benefit, please read sign the following statement:

I certify that the recipient of a direct rollover that I have named above is an Individual Retirement Account, and Individual Retirement Annuity, or Qualified Retirement Plan that accepts rollovers. I also certify that the recipient named above is not a Roth IRA, a Simple IRA or and Education IRA. I understand that payment of my benefits to the Trustee of the IRA, or Qualified Retirement Plan, will release the Trustees of the Automotive Industries Individual Account Retirement Plan from further obligations or responsibilities with respect to the benefits so paid.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **WARNING**

**FEDERAL LAW REQUIRES THAT YOU COMMENCE RECEIPT OF SPECIFIED DISTRIBUTIONS FROM THE PLAN BY APRIL 1<sup>ST</sup> OF THE CALENDAR YEAR FOLLOWING THE YEAR IN WHICH YOU ATTAIN AGE 70 AND ½. YOU COULD BE ASSESSED SEVERE PENALTIES BY THE INTERNAL REVENUE SERVICE IF YOU FAIL TO APPLY FOR THESE BENEFITS. IT IS SUGGESTED THAT YOU DISCUSS ANY ISSUES CONCERNING THESE PAYMENTS WITH YOUR INCOME TAX ADVISOR.**

**SPOUSAL CONSENT:** I AM AWARE THAT IF I AM MARRIED, I WILL HAVE TO OBTAIN MY SPOUSE'S CONSENT ON A DESIGNATED PLAN FORM, SIGNED BEFORE A NOTARY.

**INCOME TAXES:** I UNDERSTAND THAT THE BENEFIT PAYMENTS I RECEIVE FROM THE PLAN ARE TAXABLE INCOME (UNLESS I QUALIFY FOR AN EXCEPTION IN THE INTERNAL REVENUE CODE, SUCH AS FOR CERTAIN DISABILITIES). I UNDERSTAND THAT THE LUMP SUM DISTRIBUTION IS ELIGIBLE FOR ROLLOVER TO CERTAIN TYPES OF IRA OR TO ANOTHER QUALIFIED PLAN AND WILL BE SUBJECT TO MANDATORY INCOME TAX WITHHOLDING IF NOT ROLLED OVER.

I UNDERSTAND THAT IF I RECEIVE A DISTRIBUTION PRIOR TO AGE 55, I MAY HAVE TO PAY A 10% FEDERAL TAX AND 2.5% STATE TAX PENALTY (IN CALIFORNIA) IN ADDITION TO REGULAR FEDERAL AND STATE INCOME TAX. I ACKNOWLEDGE RECEIPT OF THE "SPECIAL TAX NOTICE REGARDING PLAN PAYMENTS" WHICH EXPLAINS THESE TAX RULES. I FURTHER UNDERSTAND THAT THE PLAN'S TRUSTEES, PLAN OFFICE, AND PLAN OFFICIALS **DO NOT PROVIDE TAX ADVICE** AND THAT I SHOULD CONSULT MY OWN TAX ADVISOR.

**APPEAL RIGHT:** I UNDERSTAND THAT IF I DISAGREE WITH ANY ACTION TAKEN CONCERNING THIS APPLICATION, I MAY REQUEST A REVIEW OF SUCH ACTION BY THE BOARD OF TRUSTEES IN ACCORDANCE WITH THE PLAN'S APPEALS PROCEDURE. I HAVE READ AND UNDERSTAND THE APPEAL PROCEDURE IN THE SUMMARY PLAN DESCRIPTION. I UNDERSTAND THAT I HAVE 60 DAYS FROM THE DATE OF ANY SUCH ACTION TO FILE A WRITTEN APPEAL TO THE PLAN OFFICE C/O BOARD OF TRUSTEES, AUTOMOTIVE INDUSTRIES PENSION TRUST FUND (1640 SOUTH LOOP ROAD, ALAMEDA, CA 94502).

**IMPORTANCE OF ACCURACY OF STATEMENTS:** I UNDERSTAND THAT THE FALSITY OF ANY STATEMENT IN THIS APPLICATION OR THE FURNISHING OF FRAUDULENT INFORMATION OR PROOF SHALL BE SUFFICIENT REASON FOR THE POSTPONEMENT, DENIAL OR SUSPENSION OF PLAN BENEFITS AND THAT THE BOARD OF TRUSTEES, OR ITS DELEGATE, MAY RECOVER ANY BENEFIT PAYMENTS AND COSTS AND ATTORNEYS FEES INCURRED AS A RESULT OF SUCH FALSE STATEMENTS OR SUBMISSION OF FRAUDULENT INFORMATION.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

OR, IF THE PARTICIPANT IS DECEASED

\_\_\_\_\_  
SIGNATURE OF SURVIVOR OR ESTATE REPRESENTATIVE

\_\_\_\_\_  
DATE

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**\*If you are married, you and your spouse MUST complete this form.\***

## PARTICIPANT AND SPOUSE CONSENT

I, the participant, hereby certify that I have read and understand the provisions of the Individual Account Retirement Plan, the options provided and that the election set forth was made and executed by me. Further, that my spouse must consent to my election.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, the participant's spouse, swear that I am the legal spouse of the participant. I hereby consent to the participant's election under the Automotive Industries Individual Account Plan.

Spouse's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## NOTARIZATION FOR CONSENT OF SPOUSE

State of \_\_\_\_\_ County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_  
(Date) (Insert Name and Title of the Officer)

personally appeared \_\_\_\_\_  
(Name of Signers)

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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

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## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is the more convincing.

If you cannot submit a proof from Group I, submit photocopies of two (2) of the proofs from Group II. You are cautioned; **Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original.** It will be returned to you by certified mail.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of age.

### GROUP I

1. Birth Certificate.
2. Baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A signed statement by the physician or midwife who was in attendance at birth, as to the date shown on their records.
8. Naturalization record. (Photostat no permitted, submit original.)
9. Immigration papers. (Photostat no permitted, submit original.)
10. Letter from Social Security Administration certifying to your age as it appears on their record.

### GROUP II

1. Military record.
2. Passport. (U.S. passport may not be photocopied, submit original.)
3. School record, certified by the custodian of such record.
4. Vaccination record, certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records, showing date of birth or age. (Application for marriage license or church record, certified by the custodian of such record; or marriage certificate.)
7. Other evidence such as signed statements from persons who have knowledge of the date of birth.
8. Driver's License.

**ORIGINAL DOCUMENTS WILL BE PHOTOCOPIED AT THE FUND OFFICE  
AND RETURNED TO YOU.**