

# AUTOMOTIVE INDUSTRIES PENSION FUND



4160 DUBLIN BOULEVARD SUITE 100 | DUBLIN, CA 94568  
TELEPHONE (800) 635-3105 | FAX (925) 588-7121  
[www.aitrustfunds.org](http://www.aitrustfunds.org)

## **INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR INDIVIDUAL ACCOUNT RETIREMENT PLAN BENEFITS FOR ALT-PAYEE**

### **PLEASE READ CAREFULLY**

### **YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:**

- Copy of Proof of Identity for yourself (see below).
- Please provide a copy of the court file endorsed Qualified Domestic Relations Order.

### **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF IDENTITY**

The Trust Fund will verify the identity of an Alternate Payee who submits a retirement application through one of the following methods:

- **Method 1:** Submit a copy of your birth certificate 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 unexpired issued identification (e.g. driver's license, military identification, or passport); or
- **Method 3:** Apply **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:** Apply 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 and if unresolved, to the Board of Trustees.**

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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 LATER OF (I) : THE CALENDAR YEAR IN WHICH THE PARTICIPANT ATTAINS AGE 73 (AGE 70 1/2 FOR PARTICIPANTS BORN BEFORE JULY 1, 1949; AGE 72 FOR PARTICIPANTS BORN AFTER JULY 1, 1949, BUT BEFORE JANUARY 1, 1951.) OR (II) THE CALENDAR YEAR IN WHICH THE PARTICIPANT CEASES TO BE EMPLOYED IN COVERED SERVICE. YOU COULD BE ASSESSED SEVERE PENALTIES BY THE INTERNAL REVENUE SERVICE IF YOU FAIL TO APPLY FOR THESE BENEFITS BY THIS DATE. IT IS SUGGESTED THAT YOU DISCUSS ANY ISSUES CONCERNING THESE PAYMENTS WITH YOUR INCOME TAX ADVISOR.

**INCOME TAXES:** I UNDERSTAND THAT THE BENEFIT PAYMENTS I RECEIVE FROM THE PLAN ARE TAXABLE INCOME (UNLESS I QUALIFY 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 AND SEPARATION FROM SERVICE, 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 (400 DUBLIN BLVD., SUITE 100, DUBLIN CA, 94568).

**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 ATTORNEY'S FEES INCURRED AS A RESULT OF SUCH FALSE STATEMENTS OR SUBMISSION OF FRAUDULENT INFORMATION.

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## **AUTOMOTIVE INDUSTRIES INDIVIDUAL ACCOUNT RETIREMENT PLAN ALTERNATE PAYEE BENEFIT APPLICATION**

|                                     |        |                |
|-------------------------------------|--------|----------------|
| Your Name:                          |        | SSN:           |
| Complete Address, City, State, Zip: |        |                |
| Phone Number:                       | Email: | Date of Birth: |

**\*Please provide a copy of proof of Identity.**

### **PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Date of Separation: \_\_\_\_\_

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

**(Please provide a copy of the court file-endorsed Qualified Domestic Relations Order)**

### **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.)**

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

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

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## **DIRECT ROLLOVER FORM**

**If you elect a direct rollover, this information is required**

\_\_\_\_\_  
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 Automotive Industries Pension Trust Fund from any further obligations or responsibilities with respect to the benefits so paid.

## **ALTERNATE PAYEE PAYMENT FORM**

**Elect one of the following and provide the requested information.**

- ☐ 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 (Complete direct rollover form above).
- ☐ 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 above.

I hereby apply for benefits from the Automotive Industries Individual Account Retirement 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 \_\_\_\_\_, 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)

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*Notary's Signature*