AUTOMOTIVE INDUSTRIES PENSION FUND

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

INSTRUCTIONS FOR COMPLETING AN APPLICATION FOR INDIVIDUAL ACCOUNT RETIREMENT PLAN BENEFITS

PLEASE READ CAREFULLY

YOUR APPLICATION CANNOT BE PROCESSED WITHOUT THE FOLLOWING:

1. Copy of Proof of Identity for yourself and your Spouse. (see instructions below)
2. Copy of Proof of Marriage –county issued certificate if married in the US.
3. If you are or have been divorced, legally separated, or had an annulment, you **MUST** submit the Final Judgment of Dissolution of Marriage, Legal Separation, or Annulment along with any other Property/Marital Settlement Agreement and/or Qualified Domestic Relations Order (QDRO) for **all** prior marriages **even if they occurred prior your work under the Plan**. If you do not have these documents, you may obtain copies, for a fee, from the Superior Court in the county where your divorce was filed, Contact the Superior Court for more information.
4. If you are widowed, please submit a photocopy of the death certificate.
5. Social Security Disability Award Notice if you are applying under the Disability eligibility.

INSTRUCTIONS CONCERNING SUBMISSION OF PROOF OF IDENTITY

The Trust Fund will verify the identity of a member who submits an 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 current and unexpired government 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 and your Spouse.

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 1ST OF THE CALENDAR YEAR FOLLOWING THE LATER OF (I) CHANGE (I) AS FOLLOWS: 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.

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 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 BENEFIT APPLICATION

Applicant's Name:		SSN:
Complete Address, City, State, Zip:		
Phone Number:	Email:	Date of Birth:

Please provide a copy of proof of identity for yourself.

Marital Status:

☐ Never Married ☐ Married ☐ Divorced ☐ Divorced & Remarried ☐ Legally Separated ☐ Widow

Spouse Name: ______________________ SSN: ______________

Spouse Date of Birth: ______________

*** Please provide a certified copy your marriage certificate and proof of identity for your Spouse.**

If divorced, provide:

Former Spouse Name: ______________________ SSN: ______________

Date of Marriage: ______________ Date of Separation: ______________

***If you are Divorced or Legally Separated you must provide a copy of the Final Judgment of Dissolution of Marriage or Judgment of Legal Separation along with any Property/Marital Settlement Agreements and/or Qualified Domestic Relations Order (QDRO) for <u>all</u> prior marriages.**

ELIGIBILITY, EMPLOYMENT HISTORY AND DISTRIBUTION DATE

Check <u>one</u> of the following:

☐ Retired – Receiving a pension from the Automotive Industries Pension Plan.
 ☐ Normal Retirement (Age 65+) ☐ Early Retirement (Age 55+)

☐ Disabled – Please provide your Social Security Disability Benefits Notice of Award.

☐ Vested – Participant is vested and attained age 59½.

Date you last worked in ***any*** capacity in the industry (month & year): ______________

Local Union: ______________ Requested Date of Distribution: ______________

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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PARCIPANT AND SPOUSE CONSENT

NOTARY REQUIRED IF YOU ARE MARRIED

Participant Name: ____

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.

______________________________________ ____________________
Spouse Signature Date

Spouse's Name: ____

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 Signature Date

To be completed by Notary Public

State of ______________________ County of ______________________

On ____________________ before me, ______________________________
Date Name and Title of the Officer

Personally appeared ______________________ and ______________________
(NOTARY REQUIRED FOR PARTCIPANT AND SPOUSE'S SIGNATURE)

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. (Place Notary Seal Below)

____
Signature of Notary Public

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached and not the truthfulness, accuracy, or validity of that document.

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PAYMENT ELECTION 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 below).
- ☐ 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, 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.

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)***
Notary's Signature