

# 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)

MONTH, DAY YEAR

Mrs.

,

RE: AUTOMOTIVE INDUSTRIES PENSION PLAN  
Member:           – UID:

Dear Ms.

It has been determined that you are entitled to a benefit from the Automotive Industries Pension Plan as stipulated in the provided Qualified Domestic Relations Order filed           .

Please complete the attached Benefit Application and provide the following:

- Copy of Proof of Identity for yourself (see instructions below)

Please note the Trust Fund may refer to our Plan Actuaries for calculation of your benefit.

A pre-addressed envelope is enclosed for your convenience. Please contact the Trust Fund Office should you have questions.

Sincerely,

Pension Department  
Administration Office

Enclosure (s)

# 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 ALTERNATE PAYEE 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):**

- Copy of Proof of Identity for yourself (see instructions below).
- Note: As your name on your birth certificate may differ from your current name, please submit a written explanation clarifying the difference (for auditing purposes).

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

**IMPORTANT:** The Trust Fund will verify the identity of an alternate payee who submits an application through one of the following methods:

- **Method 1:** Submit a copy of 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 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 and if unresolved, to the Board of Trustees.**

# 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)

## ALTERNATE PAYEE BENEFIT APPLICATION

**INSTRUCTIONS:** Type or print all information. Be sure to sign and date the application.

### I. PARTICIPANT INFORMATION

\_\_\_\_\_  
Last Name of Participant      First Name      MI      Social Security Number

\_\_\_\_\_  
Date of Birth

### II. ALTERNATE PAYEE INFORMATION \*\*\*As your name on your birth certificate may differ from your current name, please submit a written explanation clarifying the difference (for auditing purposes). \*\*\*

\_\_\_\_\_  
Last Name of Alternate Payee      First Name      MI      Social Security Number

\_\_\_\_\_  
Address      Date of Birth

\_\_\_\_\_  
City, State and Zip Code      Telephone Number

I certify under penalty of perjury that I am the ex-spouse of the above-named individual and hereby apply for Retirement Benefits which have been awarded to me through the Qualified Domestic Relations Order payable from Automotive Industries Pension Plan. 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.

\_\_\_\_\_  
Notary's Signature (Seal)