



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

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PROOF OF LIFE

Retiree's name (please print): _____

Retiree's Government Issued I.D. Number (attach a copy): _____

Retiree's address: _____

Retiree's signature: _____ Date: _____

THIS FORM MUST BE NOTARIZED BELOW

State of _____ County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20____,
Date Month Year

By _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me (the undersigned Notary Public).

☐ Personally known to me

☐ proved to me on the basis of satisfactory evidence to be the person whose name subscribed to the within instrument and acknowledged that _____ executed it. WITNESS my hand and official seal.

Notary Public Signature

AFFIX NOTARY SEAL