



STATIONARY ENGINEERS LOCAL 39 TRUST FUNDS

4160 Dublin Blvd, Suite 400 * Dublin, CA 94568

Phone: (925) 208-2280 * Toll Free: (800) 622-0547 * Fax: (925) 833-7301

www.Local39Benefits.org * l39pension@hsba.com

APPLICATION FOR ALTERNATE PAYEE PENSION BENEFIT

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

PARTICIPANT INFORMATION

Last Name of Participant First Name MI Social Security Number

Date of Birth

ALTERNATE PAYEE INFORMATION

Last Name of Alternate Payee First Name MI Social Security Number

Email Address

Address Date of Birth

City, State and Zip Code Telephone Number

Before final action is taken on this application, I understand it will be necessary for me to provide a copy of my Birth Certificate and photo ID.

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 the Stationary Engineers Local 39 Pension Trust Fund. 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 of Alternate Payee

Date



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DIRECT DEPOSIT REQUEST

Name _____ SSN _____

Address _____ Phone _____

City _____ State _____ Zip Code _____

I, the undersigned, hereby authorize the Board of Trustees of the Stationary Engineers Local 39 (“the Pension Plan”) to deposit all amounts due to me under the Pension Plan in my account at the Financial Institution named below. This authorization shall remain in force until I revoke it in writing or until my death, whichever occurs first. If, due to lack of knowledge of my death, the Pension Plan distributes benefit checks after my death for deposit in my account, I authorize and direct the Financial Institution to refund to the Pension Plan any amounts paid after my death.

Signature _____ **Date**

In order for this request to be processed for the current month, the direct deposit form must be received before the 15th of the month.

The following is to be completed by the Financial Institution

AGREEMENT OF FINANCIAL INSTITUTION

The Financial Institution named below agrees to accept for deposit in the account specified below, benefit checks payable by the Stationary Engineers Local 39 (“the Pension Plan”). The Financial Institution agrees to refund to the Pension Plan, the amount of any pension benefit checks deposited in the Payee’s account which represents pension benefits paid after the death of the Payee, provided that the amount of the deposits remain in the account at the time the request for a refund is received from the Pension Plan.

Name of Financial Institution _____

Can you accept “Automated Clearing House” transactions? Yes No

Bank ABA No. _____ Account No. _____

Type of Account: Checking/Share Draft Savings

Branch _____ Phone _____

Address _____

City _____ State _____ Zip Code _____

Signature of Authorized Representative _____ Title _____ Date _____



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State Tax Withholding Election

ONLY FOR RESIDENTS OF CALIFORNIA, OREGON, OR NEW MEXICO

Name _____ SSN _____

Address _____

City _____ State _____ Zip Code _____

Please elect **one** of the options below:

I do not want any state income tax withholding.

I want state income tax withholding as indicated below:

Marital Status: Single Married Married, but withhold at Single Rate

Number of exemptions claimed: _____

Please withhold state income tax in the amount of \$ _____ per month

Signature: _____ Date: _____