



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 DEATH BENEFITS-PENSION PLAN

Please PRINT or TYPE all the information. Be sure to sign and date the application and include the following:

- a. Certified copy of the Death Certificate
- b. Copy of proof of your age (see attached for list of acceptable proof)
- c. Copy of current photo identification (i.e. Driver's License or state ID)

PARTICIPANT INFORMATION

Name: _____

SSN: _____ Date of Death: _____

BENEFICIARY INFORMATION

Name: _____ Relationship: _____

SSN: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Alternate: _____

Email Address: _____

APPLICANT CERTIFICATION AND SIGNATURE

I hereby apply for a death benefit from the Stationary Engineers Local 39 Pension Plan. I certify under penalty of perjury that all of the above statements are true and correct. I also understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payment(s) made to me because of a false statement.

Signature: _____ Date: _____



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STATE INCOME TAX WITHHOLDING ELECTION

State: _____
(Please specify State)

Please Elect One:

- Please withhold State income tax from my distribution at the date of 10% of the amount withheld in Federal Income Tax.
- Please withhold \$ _____ from my distribution in State Income Tax.
- Please DO NOT withhold any State Income Tax from my distribution

I expressly assume responsibility for any adverse consequences which may arise from the election(s), and I agree that the Plan shall in no way be responsible or liable for any tax, legal or other consequences of the election I have made on this form.

Signature: _____ Date: _____