



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 Marriage Certificate
- c. Copy of proof of your age (see attached for list of acceptable proof)
- d. 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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DIRECT DEPOSIT REQUEST

Name of Payee _____ SSN _____

Address _____ Phone # _____

City _____ State _____ Zip Code _____

Member's Name (if different from Payee) _____ SSN _____

I, the undersigned, hereby authorize the Board of Trustees of the IUOE 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 of Payee

Date

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 IUOE 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: _____