



## 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](http://www.Local39Benefits.org) \* [l39pension@hsba.com](mailto:l39pension@hsba.com)

### APPLICATION FOR DEATH BENEFITS-LUMP SUM

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 driver's license or current state I.D. (with photo)

#### 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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### ACKNOWLEDGEMENT AND ELECTION

I acknowledge that I have received the Special Tax Notice regarding payments from this Plan in which I have been informed about the mandatory 20% Federal Income Tax withholding on eligible rollover distributions and my options to elect a direct rollover to another retirement Plan or to an Individual Retirement Account (IRA). My election is indicated below:

Mark ONE:

- I elect to have this benefit payable directly to me and I understand that the amount is subject to 20% mandatory Federal income tax withholding.
- I elect to do a direct rollover as indicated below:
- a) \_\_\_\_\_ I elect a direct rollover in the amount of:  
\_\_\_\_\_ (indicate amount in % or \$)
- b) \_\_\_\_\_ I elect to receive (indicate the amount in % or \$ that you would like to receive payable directly to you which is not a Direct Rollover)  
(Any amount you received directly is subject to mandatory 20% Federal Income Tax)

#### Please complete this section if the Direct Rollover is to an IRA:

Name of Trustee: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

#### Please complete if the transfer is to another Qualified Plan:

Plan Name: \_\_\_\_\_

Plan Sponsor: \_\_\_\_\_

Trustee Federal ID: \_\_\_\_\_

Name of the Trustee: \_\_\_\_\_

Trustee Address: \_\_\_\_\_

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I certify that the information provided here is correct and if I choose a direct rollover, I certify that the IRA listed, or the Qualified Plan described on this form will accept the direct rollover.

Participant's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Participant's 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.

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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: \_\_\_\_\_