



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 ENHANCEMENT OPTION

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

- a. Certified copy of the Death Certificate
- b. 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 the death benefit payable based on the Pension Enhancement Option 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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DISTRIBUTION ELECTION

I hereby acknowledge that I understand my rights to this death benefit from the Stationary Engineers Local 39 Pension Plan and elect to receive my benefit in the form indicated below. **Please elect one.**

MAKE PAYMENT TO ME

Any Amount that is an eligible rollover distribution is subject to a mandatory 20% withholding for Federal Income Tax if the amount is paid directly to you.

Signature: _____ Date: _____

STATE INCOME TAX WITHHOLDING ELECTION

State: _____

(Please specify State)

Please Elect One:

Please withhold State income tax from my distribution at the rate 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.

ROLLOVER TO SPECIFIED IRA ACCOUNT

Name of IRA Custodian: _____

Account Number: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Contact: _____

Signature: _____ Date: _____