

**SACRAMENTO AREA ELECTRICAL WORKERS  
PENSION AND PROFIT SHARING PLAN**

**REQUEST FOR DISTRIBUTION DUE TO TERMINATION**

***To Be Completed By Participant***

Participant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

**DIRECTIONS:** Please read and initial the statements below.

\_\_\_\_\_ I hereby state that I have not worked under the Collective Bargaining Agreement and have not worked for any employer whose  
Initial employees are covered by the Sacramento Area Electrical Workers Pension and Profit Sharing Plan for the past 3 months.

My last day was \_\_\_\_\_.

\_\_\_\_\_ I understand that, as a terminated employee, I am entitled to receive a lump sum cash distribution of the entire value of my  
Initial Basic Account or \$15,000, whichever is the lesser.

\_\_\_\_\_ I understand that this option is only available to me once prior to normal retirement.  
Initial

\_\_\_\_\_ I understand that any funds in my Basic Account greater than \$15,000 shall remain in my account under the Plan until my  
Initial Regular Retirement Date, Early Retirement Date, Death or Disability as defined by the Plan rules, at which time I would be entitled to receive a distribution of the remaining value of my Basic Account.

**Please be advised that all distributions (except for members over 70½) are subject to, and will be reduced by, a 20% Federal withholding tax and any additional withholdings requested by you, the member. ADDITIONALLY, IF YOU ARE UNDER AGE 59 ½, FEDERAL AND STATE TAX PENALTIES WILL APPLY. THESE PENALTIES ARE IN ADDITION TO ANY ORDINARY TAX LIABILITY YOU MAY HAVE AS A RESULT OF THE DISTRIBUTION.**

***Amount Requested***

**Net amount requested \$** \_\_\_\_\_

1. **At least 20% will be withheld from the gross distribution for Federal income taxes.** If you want more withheld please note what percentage of the gross distribution you want withheld for Federal income taxes. \_\_\_\_\_%.
2. Check **ONE** of the following:
  - a) withhold California income taxes at 2% or,
  - b) do not withhold anything for California income taxes

Do you want additional amounts to cover penalties?

**Check ONE**

[10% Federal]                      Yes              No

[2.5% State]                        Yes              No

**United Administrative Services**  
6800 Santa Teresa Blvd. Suite 100  
San Jose, CA 95119  
(408) 288-4557

**PLEASE NOTE THAT TO RECEIVE YOUR DISTRIBUTION BY THE FIRST OF THE FOLLOWING MONTH, YOUR REQUEST MUST BE RECEIVED NO LATER THAN THE TENTH (10th) OF THE CURRENT MONTH**

**Your signature must be notarized or witnessed by a Plan Representative.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

***To Be Completed By Plan Representative***

The above signature of \_\_\_\_\_ was witnessed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ in

the presence of: \_\_\_\_\_ Form of I.D. \_\_\_\_\_  
Signature Plan Representative

\_\_\_\_\_  
Print Name

Date Participant Last Worked: \_\_\_\_\_ Last Employer: \_\_\_\_\_

Comments: \_\_\_\_\_

Verified by: \_\_\_\_\_  
Account Analyst

*or*

***See Next Page for Notarization***

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
*Date Here Insert Name and Title of the Officer*

personally appeared \_\_\_\_\_  
*Name(s) of Signer(s)*

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
*Signature of Notary Public*

*Place Notary Seal Above*

**OPTIONAL**

*Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.*

**Description of Attached Document**

Title or Type of Document: \_\_\_\_\_ Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ Signer(s) Other Than Named Above: \_\_\_\_\_

**Capacity(ies) Claimed by Signer(s)**

Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_  Corporate Officer - Title(s): \_\_\_\_\_

Partner –  Limited  General  Partner –  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian or Conservator  Trustee  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

# DECLARATION OF MARITAL STATUS

## SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Please complete each section in full. This will avoid delay in the processing of your pension benefit.

### I. PARTICIPANT DATA:

NAME OF PARTICIPANT: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

MARITAL STATUS:            Married                                  Single (never married)  
   Divorced                                  Widowed                                  Other

### II. SPOUSAL INFORMATION:

A. Name of present spouse: \_\_\_\_\_ Spouse's SS#: \_\_\_\_\_

Spouse's Birth Date: \_\_\_\_\_ Date of Marriage \_\_\_\_\_

B. Name of prior spouse, (if none, indicate none): \_\_\_\_\_

Date of prior marriage: \_\_\_\_\_ Date prior marriage terminated: \_\_\_\_\_

Marriage terminated because of \_\_\_\_\_  
(death, divorce/dissolution, other - please specify)

Prior Spouse's Present  
Name and Address (if presently alive) \_\_\_\_\_

ARE THERE ANY OTHER PRIOR MARRIAGES?      Yes      No

**PLEASE NOTE:** If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.

### III. COURT ORDER

Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefits?

NO                                  YES

If yes, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court and the case number.

\_\_\_\_\_  
\_\_\_\_\_

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. 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 FALSE STATEMENT.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Your signature must be notarized or witnessed by a Plan Representative.

**TO BE COMPLETED BY PLAN REPRESENTATIVE**

Signature of spouse witnessed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ in the presence of:

\_\_\_\_\_  
Plan Representative Signature

Form of I.D. \_\_\_\_\_

\_\_\_\_\_  
Print Name

*or*

***See Next Page for Notarization***

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

**CIVIL CODE § 1189**

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State of California )

County of \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_,  
Date Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above

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Signer's Name: \_\_\_\_\_ Signer's Name: \_\_\_\_\_

Corporate Officer - Title(s): \_\_\_\_\_  Corporate Officer - Title(s): \_\_\_\_\_

Partner –  Limited  General  Partner –  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian or Conservator  Trustee  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_

# SPOUSAL WAIVER FORM

## SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN

### FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that \_\_\_\_\_ is my spouse.  
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Spouse's Name (Please Print)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Social Security No.

**Spouse's Signature:** \_\_\_\_\_

**(Must be witnessed by a Notary Public or Plan Representative)**

### TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ in the presence of:

Form of I.D. \_\_\_\_\_

\_\_\_\_\_  
Plan Representative Signature

\_\_\_\_\_  
Print Name

*or*

***See Next Page for Notarization***

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On \_\_\_\_\_ before me, \_\_\_\_\_,  
Date Here Insert Name and Title of the Officer

personally appeared \_\_\_\_\_  
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above

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Partner –  Limited  General  Partner –  Limited  General

Individual  Attorney in Fact  Individual  Attorney in Fact

Trustee  Guardian or Conservator  Trustee  Guardian or Conservator

Other: \_\_\_\_\_  Other: \_\_\_\_\_

Signer Is Representing: \_\_\_\_\_ Signer Is Representing: \_\_\_\_\_



## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The acceptable proofs of your age are listed below in two (2) groups. Submit a copy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in the Group I classification, submit copies of two (2) of the proofs listed in Group II.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### **GROUP I**

1. A Birth Certificate.
2. A Baptismal Certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the US Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization Record.
9. Immigration Papers.

### **GROUP II**

1. Military Record.
2. Passport.
3. School records, certified by the custodian of such record.
4. An insurance policy which shows the age or date of birth.
5. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or Marriage Certificate).
6. Other evidence such as signed statements from persons who have knowledge of the date of birth.
7. Letter from Social Security stating your date of birth as shown in their records.
8. Drivers' License.