

# APPLICATION FOR HARDSHIP DISTRIBUTION

## SACRAMENTO AREA ELECTRICAL WORKERS PENSION AND PROFIT SHARING PLAN

### I. GENERAL INFORMATION

1. The distribution will be treated as necessary to satisfy an immediate and heavy financial need of a Participant to the extent the amount of the distribution is not in excess of the amount required to relieve the financial need, or to the extent such need may not be satisfied from other sources that are reasonably available to the Participant. This determination by the Trustees is to be made on the basis of all relevant facts and circumstances.
2. The undersigned certifies that the above expense cannot be paid for from any of the following:
  - (a) through reimbursement or compensation by insurance or otherwise;
  - (b) by reasonable liquidation of the Participant's assets, to the extent such liquidation would not itself cause an immediate and heavy financial need;
  - (c) by cessation of Elective Deferrals under the Plan [applies to Journeymen "B" or "C" categories];
  - (d) by other distributions or nontaxable (at the time of the loan) loans from plans maintained by the Employer or by any other employer; or
  - (e) by borrowing from commercial sources on reasonable commercial terms.
3. For purposes of this application and distribution, the Participant's resources shall be deemed to include those assets of his spouse and minor children that are reasonably available to the Participant. Property owned by the Participant and the Participant's spouse, whether as community property, joint tenants, tenants by the entirety, or tenants in common, will be deemed a resource of the Participant. However, property held for the Participant's child under an irrevocable trust or under the Uniform Gifts to Minors Act will not be treated as a resource of the Participant.
4. The amount of the distribution will take into account the following:
  - (a) The distribution does not exceed the amount of the need including any amounts necessary to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution;
  - (b) The participant has obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans maintained by the Employer.

## II. CERTIFICATION OF HARDSHIP

The undersigned participant hereby makes application for a Hardship Withdrawal [distribution] from the Sacramento Area Electrical Workers Pension Trust and I am aware that the hardship distribution must be paid directly to me. I have read the General Information section above and certify the request in compliance therewith. I understand that the withdrawal is a premature distribution of pension benefits if I am under age 59 ½. I acknowledge that at any age the distribution is subject to both state and federal income taxes. I further understand that if at the time of distribution I am under age 59 ½ the distribution is subject to Federal tax penalties of 10% and State tax penalties in California of 2.5%. I will also be responsible for ordinary income taxes noted above.

**I instruct the Plan Manager to place me in journeyman Category A if I am currently designated in any other category and agree that I will remain in Category A at least until the open enrollment period following 12 months after the date of this application.**

I certify under penalty of perjury that the distribution is on account of an immediate and heavy financial need.

Participant's name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Spouse's signature: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_, California.

[Must be notarized or signed in the presence of a Plan Representative as to spouse's signature. **Spouse's signature is required.** Spousal waiver attached.]

## III. AMOUNT REQUESTED

**Net** amount requested for hardship \$ \_\_\_\_\_

- 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. \_\_\_\_\_%.
- Check **ONE** of the following:
  - \_\_\_\_\_ withhold California income taxes at 2% or,
  - \_\_\_\_\_ do not withhold anything for California income taxes or,
  - \_\_\_\_\_ withhold California income taxes from my hardship distribution as follows:
    - ◆ withhold the following % \_\_\_\_\_ or a flat amount of \$ \_\_\_\_\_

Do you want additional amounts to cover penalties? **Check ONE**

[10% Federal] Yes  No

[2.5% State] Yes  No

**United Administrative Services**

1120 South Bascom Avenue

San Jose, CA 95128

(408) 288-4557

#### IV. TYPE OF HARDSHIP REQUESTED

**Note: Supporting documentation as well as a detailed explanation of how the hardship arose, *must* be submitted to the Fund Office, if the request relates to an eviction or foreclosure (item number 4 below). The Documentation and explanation for the hardship request must be supplied with the application. Descriptions of the required supporting documentation are noted below.**

**Check category of Hardship:**

**(1) medical expenses previously incurred by the participant or the participant's spouse or dependents or necessary for those persons to obtain medical care;**

*Documentation: Statements issued by the providers and verification that Sacramento Area Electrical Workers Health and Welfare Trust coverage is not available. This category, like all on this page, is for a hardship. The medical treatment must be of an extraordinary nature and the amount of the treatment unusually high. This provision does not cover medical bills incurred in the ordinary course of events that are not covered by the Health and Welfare Plan [e.g. deductibles, cosmetic, orthodontics].*

**(2) the purchase down payment [excluding mortgage payments] of a principal residence of the participant (amount is limited to 20% of the purchase price);**

*Documentation: An executed copy of the purchase and sale agreement as well as a statement of closing costs sufficient to support the amount requested.*

**(3) tuition payments for the next 12 months of college or graduate school for the participant, the participant's spouse or dependents;**

*Documentation: A statement from the college or university delineating the tuition charge. This does not cover living expenses but merely tuition and books.*

**(4) the need to prevent the eviction of the participant from his/her principal residence or the foreclosure of the mortgage of the participant's principal residence.**

*Documentation: A three-day notice to quit, containing the amount to avoid eviction, or an unlawful detainer complaint. A hardship distribution under this category limits the eviction payment to no more than four months in a 12 month period.*

**(5) payment for burial or funeral expenses for the employee's parent, spouse, child or dependent.**

*Documentation: Invoices from the funeral home.*

**(6) expenses for the repair of damage to the participant's principal residence that would qualify for the casualty deduction under IRC section 165, whether or not the loss exceeds 10% of adjusted gross income.**

*Documentation: Invoices from contractors or building supply companies.*

#### THIS SPACE FOR TRUST FUND USE ONLY

Amount available in Profit Sharing Account \$ \_\_\_\_\_

Previous Hardship?  Yes  No Type: \_\_\_\_\_ Date Paid \_\_\_\_\_

**United Administrative Services**

1120 South Bascom Avenue

San Jose, CA 95128

(408) 288-4557

# 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.

\_\_\_\_\_

\_\_\_\_\_

-Continue to Other Side-

**United Administrative Services**  
1120 South Bascom Avenue  
San Jose, CA 95128  
(408) 288-4557

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 (section IV) or witnessed by a Plan Representative (section V)

**IV. TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence of \_\_\_\_\_) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

\_\_\_\_\_  
Notary Public in and for said State

\_\_\_\_\_  
Commission Expiration Date

**V. TO BE COMPLETED BY PLAN REPRESENTATIVE**

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

presence of: \_\_\_\_\_  
Signature Plan Representative

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

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

**SACRAMENTO AREA ELECTRICAL WORKERS LOCAL 340 PENSION PLAN**

**SPOUSAL WAIVER FORM**

**A. 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)

**B. TO BE COMPLETED BY NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_

On \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of said State, duly commissioned and sworn, personally appeared \_\_\_\_\_, known to me (or proved to me on the basis of satisfactory evidence of \_\_\_\_\_) to be the person whose name is subscribed above and acknowledged that the person executed this consent.

\_\_\_\_\_  
Notary Public in and for said State

\_\_\_\_\_  
Commission Expiration Date

**C. 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

## **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.

**SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS**  
**ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION**

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***Please attach voided check here.***

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**RETIREE NAME:** \_\_\_\_\_

**RETIREE SS#:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE #:** \_\_\_\_\_

I request that my pension benefit check be deposited electronically into:

**Checking Account #** \_\_\_\_\_

**Savings Account #** \_\_\_\_\_

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I agree with and understand the following:

- (A) This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via ***Electronic Funds Transfer***.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

**Signature:** \_\_\_\_\_

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

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For office use only:      ( ) Add                      ( ) CA  
                                  ( ) Change                ( ) CA/Nacha Screen  
                                  ( ) Delete