

APPLICATION FOR CHANGE IN PERIODIC PAYMENT
SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

1. Please read each question carefully.
2. PRINT all information.
3. Be sure to answer all applicable questions. This will avoid delays in processing your application.
4. Be sure to Sign & Date the Application
5. Mail application & documents to address below.
6. Phone: 800-541-8059

A. EMPLOYEE PERSONAL DATA:

- | | |
|-----------------------------------|-------------------------------|
| 1. PLAN PARTICIPANT'S NAME: _____ | 2. SOCIAL SECURITY NO.: _____ |
| 3. ADDRESS: _____
_____ | 4. DATE OF BIRTH: _____ |
| 5. PHONE: _____ | 6. LAST EMPLOYER: _____ |
| 7. LOCAL UNION: _____ | 8. DATE LAST WORKED: _____ |

B. Benefit Type:

- | | |
|--|---|
| <input type="checkbox"/> RETIREMENT Date: _____ | <input type="checkbox"/> DISABILITY <i>(attach copy of Social Security Award Letter and/or certification from the attending physician.</i> |
| <input type="checkbox"/> DEATH Date: _____ | |

C. PAYMENT IN THE FOLLOWING FORM:

Equal Monthly Payments of \$ _____ <i>(Must be in multiples of \$100)</i>	Effective: _____ _____ _____
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D. BENEFICIARY INFORMATION

I hereby designate the following individual(s) to receive any payments under the Plan which may be due in the event of my death

BENEFICIARY NAME _____ DATE OF BIRTH _____
RELATIONSHIP _____ SOCIAL SECURITY NO. _____
ADDRESS _____
PHONE NO. _____

I hereby apply for a change in benefit payment from the above reference Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees have the right to recover any payment made to me because of a false statement.

SIGNATURE _____ **DATE** _____

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