

SOUTHERN CALIFORNIA IBEW-NECA PENSION TRUST FUND

6023 Garfield Avenue, City of Commerce, CA 90040

(323) 221-5861 or (800) 824-6935

Fax (323) 726-3520

Mailing Address:

P.O. Box 910918

Los Angeles, CA 90091

Date Mailed From
Trust Fund Office:

****Please TYPE or
PRINT IN INK****

NON-PARTICIPANT APPLICATION DEFINED CONTRIBUTION (ANNUITY) DISTRIBUTION

A TYPE OF DISTRIBUTION: (Check box #1, 2 or 3)

1. **QDRO:** Participant's Name _____ SS# _____

2. **Surviving Spouse:** Participant's Name _____ SS# _____
Date of Death _____

3. **Non-Spouse Beneficiary:** Beneficiary's relationship to deceased member _____
Participant's Name _____ SS # _____
Date of Death _____

Note: If beneficiary is a minor, parent's notarized signature is required in section C

B. APPLICANT'S BASIC DATA:

Last Name _____ First Name _____ MI _____ SSN _____

Address _____
(No. & Street) (City) (State) (Zip)

Phone No. (____) _____ Date of Birth _____

C. SIGNATURE AND NOTARIZATION:

I acknowledge that pursuant to Title 18, U.S.C. Section 1027, it is a crime punishable by fine and imprisonment up to 5 years, or both, for any person to knowingly make any false statements or representations of fact or conceal any fact to be relied upon by an ERISA Trust Fund in making a benefit determination. I understand that any false information may disqualify me from receiving benefits and that the Board of Trustees shall have a right to recover any payments made to me because of fraudulent information. I hereby certify, under penalty of perjury, that the information I have provided in this Application is true and correct.

Name _____ SSN _____

Notarized Signature _____ Date of Signature _____

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 _____ County of _____ on _____ before me, _____
Date Name and title of officer (e.g., "Jane Doe, Notary Public")

Personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose
Name of Participant 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 _____
that the foregoing paragraph is true and correct.

Witness my hand and official seal: _____

Signature of Notary Public