

SOUTHERN CALIFORNIA IBEW-NECA DEFINED CONTRIBUTION TRUST FUND

100 Corson Street, Suite 200, Pasadena, CA 91103

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

Fax (323) 726-3520

Mailing Address:

P.O. Box 6652

Pasadena, CA 91109

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 _____ SSN _____

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

3. **Non-Spouse Beneficiary:** Beneficiary's relationship to deceased member _____
Participant's Name _____ SSN _____
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 X _____ Date of Signature _____

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 whose name
Name of Applicant is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity and that by his/her signature on the instrument the person or the entity upon behalf of which the person 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

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For Office Use Only

Approved _____ Denied _____ Reviewed by: _____ Date: _____ Date Approved Application Released to JHRPS: _____