

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** _____

State of _____ County of _____ on _____ Date before me, _____ 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 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.
Name of Applicant

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: _____