

RESILIENT FLOOR COVERING PENSION TRUST FUND

4160 Dublin Boulevard, Suite 400
Dublin, CA 94568-7756
(800) 782-0010 * Fax: (925) 833-7301
Email: Resilientinfo@hsba.com
www.resilientfloortrust.org



**APPLICATION FOR PENSION BENEFITS
ALTERNATE PAYEE**

INSTRUCTIONS: Type or print all information. Be sure to sign and date the application

I. PARTICIPANT INFORMATION

Last Name of Participant First Name MI Social Security Number

Date of Birth

II. ALTERNATE PAYEE INFORMATION *As your name on your birth certificate may differ from your current name, please submit written explanation clarifying the difference, for auditing purposes.*****

Last Name of Alternate Payee First Name MI Social Security Number

Address

Date of Birth

City, State and Zip Code

Telephone Number

III. THE FOLLOWING INFORMATION MUST ACCOMPANY YOUR APPLICATION:

- A) Proof of age (see listing of acceptable proofs)

I certify under penalty of perjury that I am the ex-spouse of the above named individual and hereby apply for Retirement Benefits which have been awarded to me through the Qualified Domestic Relations Order payable from the Resilient Floor Covering Pension Fund. 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.

Signature: _____ Date: _____

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INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photocopy of **one (1)** of the items listed in **Group I, if you have it or can possibly obtain it**. If you cannot submit proof from Group I, then you must submit photocopies of **two (2)** of the items listed in **Group II**.

IMPORTANT: Naturalization records, United States Passports and Immigration Papers *may not* be photocopied. If you are submitting any of these documents, you must send the original. It will be returned to you. Additional items proving your age **may be requested** if the documents you submit do not constitute convincing proof of your age.

GROUP I

1. Birth Certificate.
2. 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 U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign church or government record.
7. A notarized statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization papers (*photocopy not permitted; submit original*)
9. Immigration papers (*photocopy not permitted; submit original*)
10. Letter from Social Security Administration certifying to your age as it appears on their records.

GROUP II

1. Military record.
2. Passport (U.S. passports may **not** be photocopies; submit original)
3. School records; certified by the custodian of such records.
4. Vaccination record certified by the custodian of such record.
5. An insurance policy which shows the age or date of birth.
6. Marriage records showing date of birth or marriage (application for marriage license or church record, certified by the custodian of such record).
7. Driver's License.
8. Other evidence such as notarized statements from persons who have knowledge of date of birth.