

RESILIENT FLOOR COVERING PENSION TRUST FUND

4160 Dublin Boulevard, Suite 100
Dublin, CA 94568-7756
Phone : (800) 782-0010 * Fax : (925) 833-7301
Email : Resilientinfo@hsba.com
www.resilientfloortrust.org



RE: Resilient Floor Covering Pension Trust Fund
Participant UID:

Dear _____ :

This letter will confirm receipt of your retirement application. According to your application, you are/were a self-employed/owner for Floor Covering.

According to the State of California Contractors State License Board, the license for your business, _____, remains active through _____, stating you own _____ or more of the voting stock/membership interest in the company. In order to further review your retirement application, you must provide proof that you have dissociated yourself from the business, please also complete the Resignation of Ownership Certificate (enclosed). If you wish to cancel your retirement application, please indicate as such in writing.

Additionally, Plan records indicate your Required Beginning Date is _____ :

“Required beginning date” means with respect to any Participant If you are a 5% owner, your required beginning date is April 1 of the calendar year following the calendar year in which you attain age 73. If you are not a 5% owner, your required beginning date is April 1 of the calendar year following the calendar year in which you attain age 73 or, if later, the calendar year in which you cease working in covered employment, whichever you choose.

Therefore, if you wish to continue with your retirement, it will be necessary for you to submit proof that you no longer own 5% or more of the voting stock/membership interest in _____, and complete the enclosed Resignation of Ownership Certification.

If you wish to change your retirement date to _____, please do so by writing to the Trust Fund office and you will need to submit a new application at a later date.

If you have any questions, please contact the Trust Fund Office.

Sincerely,

Pension Department

Administered by: HS&BA

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RESIGNATION OF OWNERSHIP CERTIFICATE

This is to certify that I, _____ as of _____, 20____,
(Name of Participant) (Date)

divested myself of all ownership in _____
(Name of Company)

(i.e. sold stock, dissolved corporation, etc) and resigned as an officer, director and/or employee of the company and shall provide appropriate evidence of this action as required by the Resilient Floor Covering Pension Fund.

Dated: _____, 20____

Signed: _____
(Participant's Signature)

Witness: _____

State of _____ County of _____

On the _____ day of _____, 20____

before Me came _____ to me known and known to be
the person acknowledged to me that he/she executed the same.

Notary Public Notary's Seal