

# SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS

P.O. Box 5057, San Jose, CA 95150 ♦ (408) 288-4556 ♦ (800) 541-8059

## APPLICATION FOR HARDSHIP DISTRIBUTION SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

### I. GENERAL INFORMATION

A participant may apply in writing to the Trustees for a hardship withdrawal of part or all his/her Account Balance. The Trustees, in their discretion and in accordance with the provisions of this section shall determine what portion or all such vested Account Balance is necessary to alleviate the hardship. A distribution is on account of hardship only if the distribution both is made on account of immediate and heavy financial need of the Participant as determined in accordance with Subsection a below and is necessary to satisfy financial need. The determination of the Trustees shall be final and binding.

- (a) Pursuant to the IRS Regulations issued on September 23, 2019, effective as of January 1, 2020, the relevant facts and circumstance test for determining a hardship is no longer applicable. Instead, the hardship withdrawal will be approved if: (1) the withdrawal amount does not exceed the Participant's need (including any amounts necessary to pay any applicable income taxes or penalties reasonably anticipated to result from the distribution, such as an early withdrawal penalty); 2) the Participant has received all available non-hardship distributions from the Pension Plans in which he or she participates; and 3) The Participant attests that he or she has insufficient cash or other liquid assets reasonable available to satisfy the financial need. Any such attestation (also known as a statement or representation) may be written, through electronic medium or made through a recorded phone call, which the Plan may rely on without investigating further, unless the Plan actually knows a statement is false and must be for one of the reasons specified in subsections 1-7 below.

A Financial need shall not fail to qualify as immediate and heavy merely because such need was reasonably foreseeable or voluntarily incurred by the Participant. A distribution will be deemed to be made on account of an immediate and heavy financial need of the Participant if the distribution is on account of:

1. The distribution will be treated as necessary to satisfy an immediate and heavy financial need of a Participant to the extent the amount of the distribution is not in excess of the amount required to relieve the financial need, or to the extent such need may not be satisfied from other sources that are reasonably available to the Participant. This determination by the Trustees is to be made on the basis of all relevant facts and circumstances.
2. The amount of the distribution will take into account the following:
  - (a) The distribution does not exceed the amount of the need including any amounts necessary reduced by the amount of any previous hardship distribution to pay any federal, state or local income taxes or penalties reasonably anticipated to result from the distribution;
  - (b) The participant has obtained all distributions, other than hardship distributions, and all nontaxable loans currently available under all plans maintained by the Employer.
3. I am aware that the hardship distribution can be made up to the total elective contributions I have allocated to the Plan.

**II. PARTICIPANT DECLARATION RE: HARDSHIP WITHDRAWAL**

I, the undersigned Participant, in making my application for a Hardship Withdrawal from the Sacramento Area Electrical Workers Pension Trust, state under penalty of perjury under the laws of the State of California and the Employee Retirement Income Security Act (known as "ERISA") that the answers and information provided below and in this application and any form are true, correct and complete. I certify that I am eligible for a hardship distribution from the Plan.

The amount of hardship distribution that I have requested does not exceed the amount of my hardship need (including any amounts necessary to pay federal and/or state taxes and/or penalties reasonably anticipated to result from the distribution).

The reason that I need a hardship distribution from the Plan that I have checked on this Application for Hardship Distribution is true and correct.

There are no other available distributions from other sources under the Plan and all other Plans or deferred compensation programs maintained by my employer and/or the Union, whether qualified or non-qualified.

I have insufficient cash or liquid assets that are reasonably available to satisfy the financial need.

I am aware that this distribution will increase my taxable income for the year and that I may be liable for a premature distribution penalty on both my federal (10% tax penalty) and state income tax (2.5% California tax penalty) returns (depending upon my age). I acknowledge and agree that I am responsible for any false or misleading information submitted as part of the hardship application or any form.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Participant's signature

\_\_\_\_\_  
Print your Name

I certify under penalty of perjury that the distribution is on account of an immediate and heavy financial need.

Participant's name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

Participant's signature: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Spouse's signature: \_\_\_\_\_ SSN: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

[Must be notarized or signed in the presence of a Plan Representative as to spouse's signature. **Spouse's signature is required.** Spousal waiver attached.]

**III. AMOUNT REQUESTED**

Net amount requested for hardship \$ \_\_\_\_\_

1. Check One of the following:

- a) \_\_\_\_\_ withhold Federal income taxes at 20% or,
- b) \_\_\_\_\_ do not withhold anything for Federal income taxes
- c) \_\_\_\_\_ withhold Federal income taxes from my hardship distribution as follows:

- Withhold the following % \_\_\_\_\_ or a flat amount of \$ \_\_\_\_\_

2. Check **ONE** of the following:

- a) \_\_\_\_\_ withhold California income taxes at 2% or,
- b) \_\_\_\_\_ do not withhold anything for California income taxes or,
- c) \_\_\_\_\_ withhold California income taxes from my hardship distribution as follows:

- ◆ withhold the following % \_\_\_\_\_ or a flat amount of \$ \_\_\_\_\_

Do you want additional amounts to cover penalties? Check ONE

[10% Federal]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
[2.5% State]	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**IV. TYPE OF HARDSHIP REQUESTED**

**Note: Supporting documentation as well as a detailed explanation of how the hardship arose *must* be submitted to the Fund Office, if the request relates to an eviction or foreclosure (item number 4 below). The Documentation and explanation for the hardship request must be supplied with the application. Descriptions of the required supporting documentation are noted below.**

Check category of Hardship:

**(1) Medical expenses – Medical expenses previously incurred by the employee or the employee’s spouse, child, dependent or primary beneficiary under the Plan or necessary for these persons to obtain medical care (including COBRA payments).**

*Documentation: Statements issued by the providers and verification that coverage is not available under the participant’s Health and Welfare Plan. Such expenses are necessary to obtain medical care that would be deductible under Internal Revenue Code 213(d) (determined without regard to whether the expenses exceed 7.5% of adjusted gross income). This provision does not cover medical bills incurred in the ordinary course of events that are not covered by the Health and Welfare Plan [e.g. deductibles, cosmetic, and orthodontics].*

**(2) Prevent Eviction or Foreclosure or Foreclosure – The need to prevent the eviction of the Participant from his or her principal residence or foreclosure on the mortgage of the Participant’s principal residence. Documentation: A three-day notice to quit containing the amount to avoid eviction or an unlawful detainer complaint or similar documentation.**

(3) Down payment for Purchase of Primary Residence – Payments necessary for the down payment of the Participant’s primary residence (not to exceed 20% of the purchase price);  
*Documentation: A purchase agreement or other documents showing the total down payment and closing costs.*

(4) Educational and Related Expenses – Tuition, related educational fees (such as textbooks) and room and board expenses for the next 12 months of college, graduate school or other postsecondary education for the employee, the employee’s spouse, children, dependents or primary beneficiary under the Plan.  
*Documentation, such as a statement from the college or university showing the tuition, book charges and/or related room and board expenses). Such expenses are as defined in the applicable subsections of Internal Revenue Code Section 152.*

(5) Payment for burial or funeral expenses for the employee’s deceased parent, spouse, child or other dependents or primary beneficiary under the Plan; *Documentation: Such as invoices from the funeral home.*

(6) Casualty Expenses – Expenses to repair damages to the Participant’s principal residence (even if not located in a federal declared disaster area) as a result of a casualty loss as defined in Internal Revenue Code Section 165 (without regard to Section 165’s income requirements);

(7) Federally Declared Disaster. Expenses and loss of income caused by a federally declared disaster (declared by the President of the United States to be a disaster under section 401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act) provided that the employee’s principal residence or principal place of employment at the time of the disaster was located in an area designated by the Federal Emergency Management Agency (“FEMA”) for individual assistance with respect to the disaster. A loss includes the loss of income on account of such a disaster. This relates to the employee’s expenses and losses.

Special Rule for 1/1/18 – 2/18/20 Federally – Declared Disasters – For a Federally Declared Disaster that occurred between January 1, 2018 and February 18, 2020, a Participant is entitled to a qualified disaster distribution of up to \$100,000.00, which is exempt from the IRS’ premature taxes distribution penalty (10%), which can be rolled back into the Plan (or an IRA) for up to three years following the date of the distribution. The \$100,000.00 qualified disaster distribution limit is reduced by qualified disaster distributions received to an individual who suffered an economic loss and whose principal residence is located in a qualified disaster zone during the period of the disaster (as specified by FEMA).

THIS SPACE FOR TRUST FUND USE ONLY	
Amount available in 401k Account \$	_____
Previous Hardship <input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ Date Paid _____

# DECLARATION OF MARITAL STATUS

## SACRAMENTO AREA ELECTRICAL WORKERS PENSION TRUST

Please complete each section in full. This will avoid delay in the processing of your pension benefit.

<b>I. PARTICIPANT DATA:</b>				
NAME OF PARTICIPANT: _____				
SOCIAL SECURITY NUMBER: _____		BIRTH DATE: _____		
MARITAL STATUS:	<input type="checkbox"/> Married	<input type="checkbox"/> Single (never married)		
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Other	

<b>II. SPOUSAL INFORMATION:</b>				
A. Name of present spouse: _____		Spouse's SS# _____		
Spouse's Birth Date: _____		Date of Marriage _____		
B. Name of prior spouse, (if none, indicate none): _____				
Date of prior marriage: _____		Date prior marriage terminated: _____		
Marriage terminated because of _____ (Death, divorce/dissolution, other - please specify)				
Prior Spouse's Present Name and Address (if presently alive) _____ _____				
ARE THERE ANY OTHER PRIOR MARRIAGES? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>PLEASE NOTE: If you have had more than one marriage please attach a separate sheet of paper providing the information requested in Part B above for each such marriage.</b>				

<b>III. COURT ORDER</b>	
Is there a court order in effect, or a court proceeding presently pending, which grants, seeks to grant, or reserves the right to grant your spouse or any former spouse, child or other dependent any right or rights to any of your accrued benefits?	
<input type="checkbox"/> NO <input type="checkbox"/> YES	
If yes, please attach a copy of that court order, or, if a court proceeding is presently pending, indicate the name of the court and the case number. _____	

I CERTIFY UNDER PENALTY OF PERJURY THAT ALL OF THE INFORMATION PROVIDED ON THIS FORM IS COMPLETE AND ACCURATE. 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.

NAME: \_\_\_\_\_ SS# \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Your signature must be notarized or witnessed by a Plan Representative

TO BE COMPLETED BY PLAN REPRESENTATIVE	
The above signature of _____ was witnessed this ____ day of _____, 20____ in the	
Presence of: _____ Signature Plan Representative	Form of I.D. _____
_____ Print Name	

or

**See Next Page for Notarization**

# CALIFORNIA NOTARY ACKNOWLEDGEMENT

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 California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

# Sacramento Area Electrical Workers Pension Trust

## SPOUSAL WAIVER FORM

### FORM FOR SPOUSE TO CONSENT TO PARTICIPANT'S ELECTION TO RECEIVE PENSION IN A FORM OTHER THAN STANDARD JOINT AND 50% TO SPOUSE

For a married participant, federal law (ERISA) requires that the Plan's standard form of retirement is a Joint and 50% Survivor Annuity. The Joint and Survivor 50% Annuity provides a reduced lifetime benefit for a married participant, and upon the participant's death, 50% of the monthly pension amount will continue being paid to the surviving spouse for the spouse's lifetime. Pension Benefits will be paid in this form unless the spouse signs this waiver form consenting to an alternate benefit option. Spouse's signature must be notarized.

I declare under penalty of perjury that \_\_\_\_\_ is my spouse.  
(Participant's Name)

I hereby consent to my spouse's election to receive our pension benefit in a form other than the "Standard Joint and 50% to Spouse Benefit". I understand that this means that if my spouse predeceases me, I will not receive the standard survivor's annuity I would otherwise receive as required by law. I further understand that this waiver is irrevocable after 90 days of the date this form was signed below.

Date: \_\_\_\_\_

\_\_\_\_\_  
Participant's Name (Please Print)

\_\_\_\_\_  
Spouse's Name (Please Print)

\_\_\_\_\_  
Social Security No.

\_\_\_\_\_  
Social Security No.

Spouse's Signature: \_\_\_\_\_  
(Must be witnessed by a Notary Public *or* Plan Representative)

### TO BE COMPLETED BY PLAN REPRESENTATIVE

Signature of spouse witnessed this \_\_\_ day of \_\_\_\_\_, 20\_\_\_ in the presence of \_\_\_\_\_  
Plan Representative Signature

Form of I.D. \_\_\_\_\_

\_\_\_\_\_  
Print Name

*or*

***See Next Page for Notarization***



# CALIFORNIA NOTARY ACKNOWLEDGEMENT

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 California  
County of \_\_\_\_\_

On \_\_\_\_\_ before me, \_\_\_\_\_ (insert name and title of the officer), personally appeared \_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose 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 California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature \_\_\_\_\_ (Seal)

**SACRAMENTO AREA ELECTRICAL WORKERS TRUST FUNDS**  
*ELECTRONIC FUNDS TRANSFER (EFT) APPLICATION*

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*Please attach voided check here.*

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NAME: \_\_\_\_\_

SS#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE #: \_\_\_\_\_

I request that my pension benefit check be deposited electronically into:

**Checking Account #** \_\_\_\_\_

**Savings Account #** \_\_\_\_\_

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I agree with and understand the following:

- (A) This Direct Deposit request is to remain in effect until written notification is given to the plan office or the plan office no longer offers Direct Deposit via **Electronic Funds Transfer**.
- (B) It is my responsibility to provide any bank changes (account #, name, or address) to the plan office to assure timely receipt of my benefit.
- (C) If my home address changes, I will advise the plan office of the changes in writing.
- (D) There will be a transaction reversal for any amount deposited into my account that I am not entitled to receive.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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For office use only:      ( ) Add                      ( ) CA  
                                  ( ) Change                ( ) CA/Nacha Screen                      ( ) Delete

## **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The acceptable proofs of your age are listed below in two (2) groups. Submit a copy of one of the proofs listed in Group I, if you have it, or can possibly obtain it, since this class of proof of age is more convincing.

If you cannot submit a proof in the Group I classification, submit copies of two (2) of the proofs listed in Group II.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### **GROUP I**

1. A Birth Certificate.
2. A 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 US Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. A foreign government record.
7. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.
8. Naturalization Record.
9. Immigration Papers.

### **GROUP II**

1. Military Record.
2. Passport.
3. School records, certified by the custodian of such record.
4. An insurance policy which shows the age or date of birth.
5. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record; or Marriage Certificate).
6. Other evidence such as signed statements from persons who have knowledge of the date of birth.
7. Letter from Social Security stating your date of birth as shown in their records.
8. Drivers' License.