SAN DIEGO ELECTRICAL PENSION TRUST

APPLICATION FOR PENSION BENEFITS BY AN ALTERNATE PAYEE

PLEASE PRINT:

Part One

Name of Applicant: _____
(Last) (First) (MI)

Your Social Security Number: _____ Your Date of Birth: _____
(MM/DD/YYYY)

Your permanent address to which correspondence should be sent:

_____
(Street Address)

_____
(City) (ST) (Zip)

(_____) _____
(Current Phone Number)

*****PLEASE ATTACH AN ENTIRE COPY OF THE QUALIFIED DOMESTIC RELATIONS ORDER (QDRO) OR DIVORCE DECREE*****

(Unless the Trust Office has already acknowledged receipt of one or both of these documents)

Part Two

1. Name of Former Spouse: _____
(Last) (First) (MI)

2. Former Spouse's Social Security No.: _____

3. Former Spouse's Date of Birth: _____
(MM/DD/YYYY)

4. Date of Marriage: _____
(MM/DD/YYYY)

5. Date of Separation: _____
(MM/DD/YYYY)

6. Is Your Former Spouse Alive Today? ☐ Yes ☐ No ☐ Unknown

CONTINUED ON BACK

Designation of Beneficiary

In the event a Benefit Election is made which provides for remaining payments to a beneficiary upon the death of the Alternate Payee, please complete the information below:

Primary Beneficiary: _____
Last Name First MI

Address of Beneficiary: _____
Street City ST Zip

SSN: _____ Relationship: _____ Birth Date: _____
(mmddyyyy)

The Contingent Beneficiary is the replacement to the Primary Beneficiary in the event the named Primary Beneficiary predeceases you and additional benefits remain to be paid.

Contingent Beneficiary Name: _____
Last Name First MI

Address of Contingent Beneficiary: _____
Street City ST Zip

SSN: _____ Relationship: _____ Birth Date: _____
(mmddyyyy)

UNDER PENALTY OF PERJURY, I HEREBY CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ACKNOWLEDGE THAT THE PLAN WILL ONLY MAKE PAYMENTS BY WAY OF ELECTRONIC DEPOSIT FOR WHICH THE TRUST'S STANDARD AUTHORIZATION FORM MUST BE COMPLETED AND FILED WITH THE TRUST OFFICE.

I hereby certify under penalty of perjury that the above statements are true and correct to the best of my knowledge. I also certify that I will adhere to the retirement requirements of the current Plan which may be amended at any time by the Board of Trustees. I understand a false statement may disqualify me for benefits. This application revokes any prior application for pension benefits and/or designation(s) of beneficiaries.

Please sign in Ink:

Applicant's Signature_____ **Date**_____

This signature must be signed before a notary public.

State of _____
County of _____

Subscribed and sworn to (or affirmed) before me on this
_____ *day of* _____, *20*____, *by*
Date *Month* *Year*

_____
Name of Signer
proved to me on the basis of satisfactory evidence to be the person who appeared before me.
Signature _____
Signature of Notary Public

Place Notary Seal Above

(Revised 2/7/10)