

# Southern Alaska Carpenters Retirement Plan

Physical Address 375 W. 36th Avenue Suite 200 Anchorage, Alaska 99503 • Mailing Address PO Box 93870 Anchorage, Alaska 99509

Phone (800) 478-4431 • Fax (907) 561-4802 • Website www.alaskacarpenterstrusts.com

Administered by  
Labor Trust Services, Inc.

## APPLICATION FOR ALTERNATE PAYEE RETIREMENT BENEFITS

*Please print or type the following information:*

Members Name \_\_\_\_\_

Social Security No, \_\_\_\_\_

### Alternate Payee

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Phone No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Beneficiary Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

In accordance with the terms of this Plan and the Qualified Domestic Relations Order (QDRO) submitted herewith, I request payment of my retirement benefits to begin \_\_\_\_\_.

I agree to furnish any information that the Trustees may require for the determination of my eligibility for a benefit or the amount thereof.

I understand that this application can be cancelled by my written request at any time prior to the retirement date indicated above.

Alternate Payee's Signature \_\_\_\_\_

Date \_\_\_\_\_

Please submit copies of those documents checked below with this application:

- BIRTH CERTIFICATE (See reverse for other acceptable documents)
- MARRIAGE CERTIFICATE TO THE ABOVE NAMED MEMBER ( If your name on this marriage certificate is not the same as the name on the birth certificate, please provide copies of any document required to substantiate name change, ie prior marriage/divorce papers or legal name change decree.)
- DIVORCE OR DISSOLUTION
- QUALIFIED DOMESTIC RELATIONS ORDER (QDRO)

## INSTRUCTIONS

Acceptable proof of your age is listed below in two groups. Submit a photo static 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 the more convincing.

If you cannot submit a proof in Group I classification, submit photo static copies of two (2) of the proofs listed in Group II. You are cautioned, however, that Naturalization Papers, United States Passports and Immigration Papers may not be photocopied. If you are submitting any of these, you must submit the original. It will be returned to you.

Additional evidence of age may be requested if the documents you submit do not constitute convincing proof of age in the Trustee's judgment.

### 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. Document showing approval of Social Security Pension.
7. Foreign church of government record.
8. Signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth shown on their records.

### Group II

9. Naturalization record. (Photocopy not permitted; submit original)
10. Immigration papers. (Photocopy not permitted; submit original)
11. Military record.
12. Passport (U.S. Passports may not be photocopied, submit original)
13. School record, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of such record)
17. Other evidence such as signed statement from person or persons who have knowledge of date of your birth.