



October 15, 2014

Name  
Address  
City, State Zip Code

Re: California State Athletic Commission  
Professional Boxer's Pension Plan

Dear Boxer Name,

To request a payment of benefits from this Plan, please refer to the attached instruction page to identify the below section which applies to your personal situation. Please mark which section applies to you by checking the box on the right hand side of the section. Please be advised that all forms that are within the corresponding section must be filled out appropriately and returned to the California State Athletic Commission, to receive immediate action and processing per your individual case.

**SECTION 1: COVERED BOXER HAS ATTAINED THE AGE 50\*\***

- **POLICY FOR DISTRIBUTION OF PLAN BENEFITS\***.  
Please read this information before completing any forms.
- **PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM\***.  
Select payment option, sign, and if married have spouse sign. The spouse's signature must be notarized.
- **PROOF OF AGE:** (certified copy of birth certificate or original passport)
- **COMPLETED W-4P FORM:**  
(This is a Withholding Certificate for Pension or Annuity Payments).

**SECTION 2: COVERED BOXER IS DECEASED AND SPOUSE IS CLAIMING FUNDS\*\***

- **POLICY FOR DISTRIBUTION OF PLAN BENEFITS\***.  
Please read this information before completing any forms.
- **PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM\***.  
Select payment option, sign, and if married have spouse sign. The spouse's signature must be notarized.
- **DEATH CERTIFICATE:** (Certified copy if applicable)
- **MARRIAGE CERTIFICATE:**  
If you are the spouse of a boxer who has died, provide a certified copy of your marriage certificate.
- **COMPLETED W-4P FORM:**  
(This is a Withholding Certificate for Pension or Annuity Payments).

\* Included in the attached documents.

\*\*Please complete ONLY the following documents.

**SECTION 3: COVERED BOXER HAS DIED AND NON-SPOUSE BENEFICIARY IS CLAIMING FUNDS\*\***

- **POLICY FOR DISTRIBUTION OF PLAN BENEFITS\***.  
Please read this information before completing any forms.
- **PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM\***.  
Select payment option, sign, and if married have spouse sign. The spouse's signature must be notarized.
- **DEATH CERTIFICATE:** (Certified copy if applicable)
- **VERIFICATION OF RELATIONSHIP:**  
If you are the non-spouse beneficiary of a boxer who has died, send verification of your relationship. Acceptable documentation includes a certified copy of birth certificate with a statement clarifying your relationship to boxer. The commission reserves the right to request additional proof of identity.
- **COMPLETED W-4P FORM:**  
(This is a Withholding Certificate for Pension or Annuity Payments).

**SECTION 4: COVERED BOXER HAS BEEN ENROLLED IN VOCATIONAL EDUCATION \*\***

- **POLICY FOR DISTRIBUTION OF PLAN BENEFITS\***.  
Please read this information before completing any forms.
- **PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM\***.  
Select payment option, sign, and if married have spouse sign. The spouse's signature must be notarized.
- **VOCATIONAL EDUCATION INFORMATION:**  
Documentation that confirms that you have entered a qualified program. Include the name and address of the institution. A certified copy of your enrollment documents and/or transcripts is acceptable. The commission reserves the right to request additional documentation
- **PROOF OF AGE:**  
(Certified copy of birth certificate or original passport). Qualifiers for this section must be at or above the age of thirty-six (36).
- **COMPLETED W-4P FORM:**  
(This is a Withholding Certificate for Pension or Annuity Payments).

Please return the enclosed forms to our office for review and processing.

Sincerely,

\_\_\_\_\_  
Andy Foster  
Executive Officer

Enclosures:      Instruction Page  
                         Policy for Distribution of Plan Benefits  
                         Distribution Request Form  
                         W-4P Form

\* Included in the attached documents.

\*\*Please complete ONLY the following documents.