



CALIFORNIA STATE ATHLETIC COMMISSION
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CALIFORNIA STATE ATHLETIC COMMISSION
PROFESSIONAL BOXER'S PENSION PLAN

PROFESSIONAL BOXER DISTRIBUTION REQUEST FORM

Boxer Name: _____ LB#: _____ Social Security #: (____ - ____ - ____)
Date of Birth: _____ or Date of Death: _____
Widow(er) Name (If applicable): _____ Social Security #: (____ - ____ - ____)
Beneficiary Name (If applicable): _____ Social Security #: (____ - ____ - ____)
Beneficiary Name (If applicable): _____ Social Security #: (____ - ____ - ____)
Mailing Address: _____
City, State Zip: _____
Daytime Phone: (____) _____ E-Mail Address: _____

Reason for Distribution:

- a. [] I have attained age 50
b. [] The boxer has died, and I am requesting a distribution as his/her beneficiary.
c. [] Vocational Early Retirement. I certify that I have attained age 36, and have retired from boxing.

Marital status:

[] Married [] Not Married [] Widow or Widower

Payment option:

- a. [] Life Annuity. Payments for your life only.
b. [] Joint and Survivor Annuity (for married participants only). Payments for your life and your spouse's life.
c. [] Lump sum cash payment (select "good cause" for cash payment below)
1. [] Boxer is Deceased
2. [] Boxer is Terminally ill
3. [] Boxer is Disabled
4. [] Account Balance is Less Than \$70,000
d. [] Payment to Vocational Educational Institution (Include name and address of Institution and documentation that confirms you have entered a qualified program. A certified copy of your enrollment documents and/or transcripts is acceptable. The commission reserves the right to request additional documentation.)

Boxer Distribution Request Form - Boxer Name:

LB#:

SS #: (- -)

Signature and consent:

By signing below, I request a distribution of my benefits from the plan. I understand that my benefit is subject to review and authorization by the Commission. I have read the Policy for Distribution of Plan Benefits, and I understand that this distribution is subject to income taxes.

Signature of Boxer

Date

Signature of Widow(er) (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Signature of Beneficiary (if applicable)

Date

Spouse's consent (not required if Joint & Survivor Annuity option is selected)

As the lawful spouse of this boxer, I hereby consent to receipt of benefits under the plan in a form other than a joint and survivor annuity. I have read this election form, and agree with the selections made. I understand that this consent cannot be changed later.

Signature of Spouse

Date

Notary witness (spouse's signature must be witnessed by a Notary Public)

"State of California,

County of _____

On _____ before me, _____ 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)

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20 __, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)"

(FOR COMMISSION AND PENSION ADMINISTRATOR USE ONLY):	
<input type="checkbox"/> Covered status has been verified.	
<input type="checkbox"/> Retirement – age 50 has been verified.	
<input type="checkbox"/> Death – death certificate received, and marriage certificate or beneficiary verified.	
<input type="checkbox"/> Form W-4P has been completed.	
<input type="checkbox"/> Vocational Early Retirement – age 36 has been verified, boxing license has been surrendered. Institution confirms participation in eligible program.	
Date of last rounds fought: _____	
Signature of Plan Official: _____	Date: _____