

AUTOMOTIVE INDUSTRIES PENSION TRUST FUND
P.O. Box 23120
Oakland, California 94623-0120

COMERICA
Comerica Bank-California

CHECK NO. 00000114993

90-3752
7/121

CHECK DATE
06/06/2003

Pay ***6,781 DOLLARS AND 56 CENTS

NOT VALID UNTIL 06/06/2003
NOT VALID AFTER 12/05/2003

\$**6781.56**

To
FREEMAN, WILLIAM D
6818 FLAMING ARROW DR.
CITRUS HEIGHTS, CA 95621

A.T.P.A., Administrator

T. Weiss

Pension Payment Fund

00114993 01211375220 1891551275

AUTOMOTIVE INDUSTRIES PENSION TRUST FUND
P.O. Box 23120 Oakland, California 94623-0120

FREEMAN, WILLIAM D CHECK NO. 00000114993	*** ** 5488	CHECK DATE: 06/06/2003 BENEFIT PERIOD 06/2002
CURRENT BENEFIT & DEDUCTIONS		
GROSS BENEFIT AMOUNT	6,901.56	
FEDERAL TAX	120.00	
TOTAL DEDUCTIONS	120.00	
NET CHECK AMOUNT	6,781.56	

If you change your address, please report change
of address in writing promptly to the Fund Office.

AUTOMOTIVE INDUSTRIES PENSION FUND

1640 SOUTH LOOP ROAD • ALAMEDA, CALIFORNIA 94502 • TELEPHONE (510) 836-2484
POST OFFICE BOX 23120 • OAKLAND, CALIFORNIA 94623-0120

June 6, 2003

Mr. William Freeman
6818 Flaming Arrow Dr
Citrus Heights, CA 95621

Dear Mr. Freeman:

We are pleased to enclose with this letter your first check which represents payment of the benefits for which you have qualified under the provisions of the Automotive Industries Pension Trust Fund.

This check in the gross amount of \$6,901.43 is issued to cover your monthly payments of \$575.13 for the period of June 01, 2002 which is the effective date of your benefit through May 31, 2003.

Starting with the month of June 2003, and each month thereafter for the remainder of your life, your benefits will be issued on or about the last day of the month and will be electronically sent to your bank.

Our office will require immediate written notification in the event of any changes of address. In addition, kindly make arrangements so that our office is immediately notified in the event of your death. Also, you will be contacted annually to verify you are receiving benefits.

On behalf of the Board of Trustees, we take this opportunity to wish you many happy years of retirement.

Sincerely,



Alida Mihovilovich
Pension Department

Enclosure

PPFM FILE SETUP
FIRST CHECK & RECURRING MONTHLY PAYMENT

PAYEE TYPE **Pensioner**

FUND CODE: **AI1P**

SS # **250 - 56 - 5488** LAST NAME **FREEMAN**

FIRST NAME **WILLIAM**

MI **D**

SEX **M** MARITAL STAT **M** BIRTH DATE **07/23/1938** RETIRE DATE **06/01/2002**

PSC **7,75** RES # **497** FSC **13.58** FINAL PMT DATE **99/99/9999** UNION LOCAL **2182** PLAN

ANALYSIS DATE / / US CITIZEN Yes PWR OF ATTY N/A ROLLOVER N/A IRC 415 N/A QDRO No

PENSION TYPE & FORM **UNREDUCED, 36 MOS.**

EFT Yes - see attached HOME PHONE (916) 725 - 5988 WORK PHONE ()

HOME ADDRESS **6818 FLAMING ARROW DR.** ✓

CITY **CITRUS HEIGHTS**

ST **CA**

ZIP **95621**

GROSS AMT **\$575.13** FED **10.00** STATE **0.00** H/W **\$0.00** OTHER **\$0.00** NET AMT **\$565.13**

H/W EFT DATE / / H/W EFT CODE EE CONTRIBUTIONS **\$0.00**

SPOUSE/BENE INFO

SS # **528-54-9899** NAME **KATHLEEN M. FREEMAN** BIRTH DATE **02/13/1942**

TERM DATE / / CDN/A SEX **F** REL **W=Wife**

ACTUARIAL INFORMATION

ORIG PARTICIPANT

SS # - - NAME BIRTH DATE / /
RETIREE DATE / / DECEASE DATE / / SEX **M** REL **H=Husband**

FULL AWARD **\$0.00** LEVEL INCOME **\$0.00** EFT DATE / /

AIIP - IAP BAL AT RET \$0.00 ER CONTR TRANS **\$0.00** FEES **\$0.00** EARNINGS **\$0.00**

AT RETIRE: DEF BENEFIT **\$0.00** INDIVID ACCT **\$0.00**

CURRENT VALUE: DEF BENEFIT **\$0.00** INDIVID ACCT **\$0.00**

QDRO INFORMATION

ORIGINAL PARTICIPANT: SS # - - NAME

CASE # EFT DATE PARTICIPANT / / EFT DATE ALT PAYEE / /

ORIG PART FULL AWARD **\$0.00** TOTAL COMM PROP AMT **\$0.00** ALT PAYEE COMM PROP **\$0.00**

QDRO DATA ALT PAYEE: IMPROVEMENTS N/A % **0.00** BONUS N/A % **0.00**

PAYMENT TO ALT PAYEE ENDS ON DEATH OF **M - MEMBER** OR / /

NOTES/TICKLER:

FIRST CHECK AMOUNTS

A. CURRENT AMOUNT DUE:

EFT DATE	5/31/03			06/01/2002 THRU 04/30/2003 \$575.13 @ 12 MO = \$ 6,901.43
FEDERAL TAX	5/31/03			06/01/2002 THRU 04/30/2003 \$10.00 @ 12 MO = \$ 120.00
STATE TAX	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
H/W	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
OTHER	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00

TOTAL AMT DUE = \$ 6,781.56

B. LESS: PREVIOUS PAYMENTS ALREADY RECEIVED:

EFT DATE	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
FEDERAL TAX	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
STATE TAX	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
H/W	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00
OTHER	/ /	THRU	/ /	\$0.00 @ 1 MO = \$0.00

TOTAL AMT DUE = \$0.00

FORM COMPLETED BY/DATE: ALIDA M. 5/16/03

VERIFIED BY/DATE:

PPFM COMPLETED BY/DATE :

MBRS UPDATE BY/DATE:

Alida M. 5/21/03

AUTOMOTIVE INDUSTRIES PENSION FUND

PENSION BENEFIT ELECTRONIC FUND TRANSFER REQUEST

RECEIVED
MAY 15 2003
PENSION

I REQUEST MY BENEFIT CHECK BE SENT TO MY BANK (OR OTHER FINANCIAL INSTITUTION SHOWN BELOW) FOR DIRECT DEPOSIT.

I. NAME: William D. Freeman SOC. SEC. #: 250-56-5488
(Please Print)

ADDRESS: 6818 Flaming Arrow Dr.
Citrus Heights, CA 95621
(City) (State) (Zip Code)

TELEPHONE NUMBER (916) 725-5988

(If your address is NEW, please check here. .)

II. FINANCIAL INSTITUTION

Name FIRST US Community Credit Union Phone #(916) 449-6650
Branch Mailing Address 2755 Cottage Way, STE 8
(Street/Box Number)
Sacramento CA 95825
(City) (State) (Zip Code)

ACCOUNT NUMBER (please check only one)

Savings Account. My account number is: _____

(Please attach a deposit slip)

(If not available, provide Bank Routing Number) _____

Checking Account. My account number is: 00000026236094

(Please attach a "voided" check)

(If not available, provide Bank Routing Number) 321175481 Qm

As benefit payments become due me from the Pension Plan, I authorize the Pension Plan Administrative Office to pay by directing the electronic transfer of funds, (or if not available, by direct mail of a check) to the order of the above-named financial institution for credit to my account. I authorize said financial institution to refund an amount equal to any payments which become due after my death that have been credited to my account or to charge the account accordingly. I reserve the right to cancel this authorization and direction by giving written notice to the Pension Plan Administrative Office.

I agree to periodically furnish the Pension Plan Administrative Office with evidence of my survival. I will notify the Pension Plan Administrative Office when I change my permanent residence and advise, at that time, if checks are to continue to be sent to the financial institution named above.

Signature William D. Freeman Date 5/13/03



8513

William D. or Kathleen M. Freeman
Cdl P0405554 C1081418
6818 Flaming Arrow Dr. 725-5988
Citrus Heights, CA 95621

Date _____

90-7548/3211

Pay to the
order of

\$

Dollars SECURITY FEATURES INCLUDED. DETAILS ON BACK.



2755 COTTAGE WAY, SUITE 8
SACRAMENTO, CA 95825
916-449-6658

Memo _____

132117548 11:000000 26 236094 8513

© LIBERTY

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

REC'D
MAY 15 2003
PENSION

Pension - Benefit Calculation Summary

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Date of Birth: July 23, 1938
Effective Date of Retirement: June 1, 2002
Age at Retirement: 63 years 10 months
Type of Retirement: Unreduced Pension - Age 62 Retirement

Social Security Number: ***-**-5488

Spouse/Beneficiary

Beneficiary SSN: ***-**-9899
Beneficiary Name: Kathleen Freeman
Beneficiary Date of Birth: February 13, 1942
Beneficiary's Age: 60 years 3 months
Age Difference: 3 years 7 months
Date of Marriage: October 3, 1981

Normal Benefit Calculation :

The Normal Pension Benefit amount of \$575.13 is based upon 21.33 years of Credited Service for retirement after June 1, 2002 at age of 63 years 10 months.

Past Service:	From: 1964 to 1971	Credits:	7.75 years	Benefits:	7.75 years x \$10.00	=	\$77.50
Future Service:	From: 1955 to 2003	Credits:	13.58 years				

Contribution Breakdown :

Based on % of Contributions 1972 to 2001 \$9,952.50 x .0500 \$ 497.63

Normal Pension Benefit: \$575.13

Payment Options:

36-Month Guarantee (3 Year Minimum)	36-Month Guarantee - Participant	Starting: 06/01/2002	100.00 %	\$ 575.13
120-Month Guarantee (10 Year Minimum)	120-Month Guarantee	Starting: 06/01/2002	92.78 %	\$ 533.61
Joint and Survivor 50%	Joint and Survivor 50% - Participant	Starting: 06/01/2002	94.10 %	\$ 541.20
	Joint and Survivor 50% - Spouse		50.00 %	\$ 270.60
Joint and Survivor 100%	Joint and Survivor 100% - Participant	Starting: 06/01/2002	84.10 %	\$ 483.68
	Joint and Survivor 100% - Spouse		100.00 %	\$ 483.68

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

RECEIVED
MAY 15 2003
PENSION

Pension - Election of Benefit Options Form

William D Freeman

Social Security Number : ***-**-5488

Effective Date of Retirement: June 01, 2002

Type of Retirement : Unreduced Pension - Age 62

Participants who are married at time of retirement: If you elect a benefit payment other than one that provides both a participant and a spouse form of payment, you must both sign this form, in the spaces provided below, IN FRONT OF A NOTARY, in order to have your signatures notarized. This applies to participants who are married at time of retirement and elect a payment option that does not provide a benefit to his/her spouse.

Please choose one of the following :

- 36-Month Guarantee (3 Year Minimum Guarantee) Joint and Survivor 100%
 120-Month Guarantee (10 Year Minimum Guarantee)
 Joint and Survivor 50%

I hereby certify under penalty of perjury that I read and understand the provisions of the Pension Plan and that the election set forth above was made with that knowledge. I certify that all the information given herein and in the enclosures is true and complete and that this certificate was executed by me:

Signatures :

William D Freeman
Kathleen M. Freeman

Date : 5/14/03

Date : 5/14/03

GENERAL ACKNOWLEDGMENT - NOTARIZATION

State of California }
County of Sacramento } SS,

On 5-14-2003 before me,

Patricia A Scott, notary public
Name, Title of Officer -E.G., "Jane Doe, Notary Public"

personally appeared William D Freeman
Kathleen M Freeman

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 excuted 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, excuted the instrument.

WITNESS my hand and official seal.

Patricia A Scott
Signature of Notary



Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

RECEIVED
MAY 15 2003
PENSION

Retirement Declaration

May 8, 2003

William D Freeman

6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Social Security Number : ***-**-5488

Type of Retirement : Unreduced Pension - Age 62 Retirement

Upon receiving an Unreduced Pension - Age 62 Retirement from the Pension Trust Fund for Automotive Industries, I declare that I will be bound by all provisions of the Pension Plan, and I understand that:

1. In order to be eligible to receive monthly pension benefits, I must be "retired" as defined in section 5.02 of the Plan as follows:
 - A. GENERAL RULE. If a Retired Participant is re-employed or is self-employed in (1) any of the counties which make up the San Francisco, Oakland, or San Jose greater metropolitan areas, (2) any other metropolitan area in which a covered Employee is employed, or (3) any county in which a covered Employee is employed, then if the Retired Participant is performing work of the type which is also performed by a covered Employee in such county or metropolitan area (or supervisory activity related thereto), the Retired Participant shall lose retirement benefits for each month during which he or she is employed in work of that type for more than forty (40) hours.
 - B. If in any month it is only contributing employers who re-employ the retired participant for forty (40) or more hours of covered service then no loss of retirement benefits will occur for that month. This exception shall not apply for more than three (3) months in any calendar year.
2. If for any week a person receives disability benefits under the Automotive Industries Welfare Plan or any other welfare plan to which a contributing employer contributes, he or she will be deemed to have 45 hours of covered service for contributing employers and therefore his or her pension will be suspended for that month.

The suspension shall not apply the first three (3) months of the disability payments made by the welfare plan; and, for any month in which this results in a suspension of retirement benefits, the amount suspended shall not exceed the amount of the disability payments made for that month by the welfare plan.

3. If I return to the type of work described above, I will notify the Fund Office, in writing, within 15 days after I start such work.
4. After I attain age 70 1/2, I can work as much as I want in any job, anywhere, and continue to receive my monthly pension benefits.
5. I, personally, must endorse each pension check unless my pension checks are electronically transferred or mailed to my bank for automatic deposit.

Please sign and date the original copy of this declaration and return it in the enclosed self-addressed envelope. No action may be taken to begin your pension payments until your reply is received.

I have read and understood the information provided and the information given is true and correct to the best of my knowledge.

Signature : William D Freeman

Date : 5/14/03

RECEIVED

MAY 15 2003

PENSION

Form W-4P

Department of the Treasury
Internal Revenue ServiceWithholding Certificate for
Pension or Annuity Payments

OMB No. 1545-0415

2002

► For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Type or print your full name

William D. FREEMAN

Your social security number
350 56 5488

Home address (number and street or rural route)

6818 Flaming Arrow Dr.

Claim or identification number
(if any) of your pension or
annuity contract

City or town, state, and ZIP code

Citrus Heights, CA 95631

Complete the following applicable lines:

- 1 Check here if you do not want any Federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ►
- 2 Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You may also designate an additional dollar amount on line 3.) ► 0
 Marital status: Single Married Married, but withhold at higher "Single" rate
 (Enter number of allowances.)
- 3 Additional amount, if any, you want withheld from each pension or annuity payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2 ► \$ 10 00

Your signature ►

William D. Freeman

Date ► 5/13/03

Cat. No. 10225T

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

WIGGLED
MAY 15 2003
PENSION

Pension - Federal Tax Withholding Election Form

May 8, 2003

Social Security Number : ***-**-5488

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

The law requires that Federal Income Tax be withheld from monthly pension payments of \$1,320.00 or more, on the basis that applies to a married person with three (3) exemptions as shown on pages 2 and 3, unless the participant specifically requests that no federal income tax be withheld from the monthly payment, or specifically designates a withholding amount on either IRS W-4 form or this form. You can change your election at any time by filing a new election form which may be obtained from the Trust Fund Office. Once completed, please use the envelope provided to return this form to the Trust Fund Office.

Please check only ONE box below and return this completed form to the Trust Fund Office.

- I elect to have NO Income Tax withheld from my pension payments.
- I wish to have federal income tax withheld from my pension payments and direct the Trust Fund Office to withhold in accordance with the withholding tables, on the basis that applies to a married person with three (3) exemptions as shown on pages 2 and 3, claiming standard exemptions (see table on pages 2 and 3). Please note: The withholding table does not show any withholding for a monthly amount less than \$1,320.00 or greater than \$5,840.00. If your monthly pension benefit payment is less than \$1,320.00 or greater than \$5,840.00 , please state the exact amount you want withheld below.
- I want withholding on a different basis than described above. IF I HAVE NOT ENCLOSED A WITHHOLDING CERTIFICATE (IRS FORM W-4) PLEASE WITHHOLD \$ 10.00 PER MONTH.

I understand that if I elect not to have withholding apply, or if I do not have enough federal taxes withheld, I may be responsible for payment of estimated federal income taxes and may incur penalties under the estimated tax payment rules.

This election will remain in effect until revoked by me. I hereby revoke any prior election or directions I have made or given with respect to withholding of federal taxes from my pension payments.

I have read and understood the information provided and the information given is true and correct to the best of my knowledge.

Signature : William D Freeman

Date : 5/13/03

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

LIC-511-LG
MAY 15 2003
PENSION

Pension - State Tax Withholding Election Form

May 8, 2003

Social Security Number : ***-**-5488

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

The laws of certain states require that State Income Tax be withheld from the periodic payments and non-periodic distributions which are subject to State Income Tax. If you have any questions about your State Tax obligations, you should contact your tax advisor or the state agency responsible for tax matters.

If Federal Income Tax is to be withheld from pension payments, State Income Tax must also be withheld unless you instruct us not to withhold State Income Tax at all. The amount of the State withholding will be a percentage of Federal withholding, and may vary by state.

This form is a State Withholding Election form to be completed, signed and dated.

Any election you make will remain in effect until you revoke or change it. You may revoke or change an election at any time by returning a signed and dated form. Any revocation or change will be effective within 45 days after it is received by the Trust Fund Office. Please note that the Trust Fund office will NOT automatically reduce the withholding amount you specify even if the payment option you select dictates a future reduction in pension payment. You must request in writing any change in withholding amount.

Completed forms should be sent to the above address.

Please check only ONE below and return this completed form to the Trust Fund Office.

- I elect to have NO State Income Tax withheld from my pension payments.
- I elect to have State Income Tax withheld from my periodic (Monthly) pension payments or non-periodic (Lump Sum) distribution in an amount equal to 10% of my Federal Tax withholding.
- I elect to have State Income Tax withheld from my pension payments in the amount of \$ _____ per month.

The election I have made or given is with respect to withholding of CALIFORNIA State Taxes from my benefit payments.
(Print Name of State)

Please note, you must have at least the minimum percentage withheld as required by the State you indicate. If you do not know the percentage, please contact your State Tax Board.

I have read and understood the information provided and the information given is true and correct to the best of my knowledge.

Signature : William D Freeman

Date : 5/13/03

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

RECEIVED
MAY 15 2003
PENSION

Pension - Election of Benefit Options Form

May 8, 2003

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Social Security Number : ***-**-5488

Effective Date of Retirement: June 01, 2002

Type of Retirement : Unreduced Pension - Age 62

Dear Mr. Freeman :

Your application has been processed for the type of retirement shown above. BEFORE YOUR FIRST CHECK CAN BE MAILED TO YOU, you must elect a form of benefit payment. Listed below are the benefit payment options which specify the pension amount payable to you, as well as the amounts of continued payments in the event of your death. Please read each option carefully before making your election.

IMPORTANT: The benefit payment option you elect cannot be changed once your benefit payments begin.

After electing a payment option, please sign and date the form.

Participants who are married at time of retirement: If you elect a benefit payment other than one that provides both a participant and a spouse form of payment, you must both sign this form, in the spaces provided below, IN FRONT OF A NOTARY, in order to have your signatures notarized. This applies to participants who are married at time of retirement and elect a payment option that does not provide a benefit to his/her spouse.

36-Month Guarantee (3 Year Minimum Guarantee)

36-Month Guarantee - Participant	From 06/01/2002 To	\$ 575.13
----------------------------------	--------------------	-----------

I will receive the monthly benefit payment listed for my lifetime, guaranteed for a minimum of three (3) years. In the event of my death prior to having received 36 payments (payments for 3 years), the remainder of the payments will be made to my spouse (or eligible dependent, if I am not married). In the event of my death after having received 36 payments NO FURTHER BENEFITS WILL BE PAYABLE.

120-Month Guarantee (10 Year Minimum Guarantee)

120-Month Guarantee	From 06/01/2002 To	\$ 533.61
---------------------	--------------------	-----------

I will receive the monthly benefit payment listed for my lifetime, guaranteed for a minimum of ten (10) years. In the event of my death prior to having received 120 payments (payments for 10 years), the remainder of the payments will be made to my spouse (or eligible dependent, if I am not married). In the event of my death after having received 120 payments, NO FURTHER PAYMENTS WILL BE PAYABLE.

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

REC'D
MAY 15 2002
PENCO

Pension - Election of Benefit Options Form

William D Freeman

Social Security Number : ***-**-5488

Effective Date of Retirement: June 01, 2002

Type of Retirement : Unreduced Pension - Age 62

Joint and Survivor 50%

Joint and Survivor 50% - Participant	From	06/01/2002	To	\$ 541.20
Joint and Survivor 50% - Spouse	From		To	\$ 270.60

I will receive the monthly benefit payment listed for my lifetime. In the event of my death, the 50% spouse payment listed will be paid to my spouse for his/her lifetime. If my spouse should pre-decease me, my monthly benefit payment amount shall increase as if I had elected the 36-Month Guarantee Benefit at time of retirement.

Joint and Survivor 100%

Joint and Survivor 100% - Participant	From	06/01/2002	To	\$ 483.68
Joint and Survivor 100% - Spouse	From		To	\$ 483.68

I will receive the monthly benefit payment listed for my lifetime. In the event of my death, the 100% spouse payment listed will be paid to my spouse for his/her lifetime. If my spouse should pre-decease me, my monthly benefit payment amount shall increase as if I had elected the 36-Month Guarantee Benefit at time of retirement.

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

RECEIVED
MAY 15 2003
PENSION

May 8, 2003

Social Security Number : ***-**-5488

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Dear Mr. Freeman :

Your application for pension benefits has been reviewed and administratively approved, pending ratification by the Board of Trustees.

Your benefits are explained on the enclosed Pension Benefit Options Form. Please read each option carefully before making your election. A Benefit Calculation Summary has been included for your information and to guide you in the selection of benefit options.

The following is a list of the forms in this package. Each form should be completed and returned to the Trust Fund Office as soon as possible.

- 1 Election of Benefit Options Form**
- 2 State Tax Withholding Election Form**
- 3 Federal Tax Withholding Election Form**
- 4 Retirement Declaration**

Please return the completed forms to the Trust Fund office in the self addressed envelope provided.

Sincerely,

Pension Department.

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

LAWRENCE J. SAWYER
MAY 15 2003
PENSION

Pension - Federal Tax Withholding Election Form

This table shows how much will be withheld from your monthly benefit payment for Federal Tax purposes if you selected withholding equal to a married person with three (3) exemptions on Page 1 of this form. Please note that the schedule below is based on the government's current withholding tables for married persons claiming three (3) exemptions. When the government's schedule changes, so will the amount withheld from your monthly benefit payment.

If your monthly benefit payment is:

At Least	But Less Than	Withholding	At Least	But Less Than	Withholding
\$1,320	\$1,360	\$4	\$2,560	\$2,600	\$142
\$1,360	\$1,400	\$8	\$2,600	\$2,640	\$148
\$1,400	\$1,440	\$12	\$2,640	\$2,680	\$154
\$1,440	\$1,480	\$16	\$2,680	\$2,720	\$160
\$1,480	\$1,520	\$20	\$2,720	\$2,760	\$166
\$1,520	\$1,560	\$24	\$2,760	\$2,800	\$172
\$1,560	\$1,600	\$28	\$2,800	\$2,840	\$178
\$1,600	\$1,640	\$32	\$2,840	\$2,880	\$184
\$1,640	\$1,680	\$36	\$2,880	\$2,920	\$190
\$1,680	\$1,720	\$40	\$2,920	\$2,960	\$196
\$1,720	\$1,760	\$44	\$2,960	\$3,000	\$202
\$1,760	\$1,800	\$48	\$3,000	\$3,040	\$208
\$1,800	\$1,840	\$52	\$3,040	\$3,080	\$214
\$1,840	\$1,880	\$56	\$3,080	\$3,120	\$220
\$1,880	\$1,920	\$60	\$3,120	\$3,160	\$226
\$1,920	\$1,960	\$64	\$3,160	\$3,200	\$232
\$1,960	\$2,000	\$68	\$3,200	\$3,240	\$238
\$2,000	\$2,040	\$72	\$3,240	\$3,280	\$244
\$2,040	\$2,080	\$76	\$3,280	\$3,320	\$250
\$2,080	\$2,120	\$80	\$3,320	\$3,360	\$256
\$2,120	\$2,160	\$84	\$3,360	\$3,400	\$262
\$2,160	\$2,200	\$88	\$3,400	\$3,440	\$268
\$2,200	\$2,240	\$92	\$3,440	\$3,480	\$274
\$2,240	\$2,280	\$96	\$3,480	\$3,520	\$280
\$2,280	\$2,320	\$100	\$3,520	\$3,560	\$286
\$2,320	\$2,360	\$106	\$3,560	\$3,600	\$292
\$2,360	\$2,400	\$112	\$3,600	\$3,640	\$298
\$2,400	\$2,440	\$118	\$3,640	\$3,680	\$304
\$2,440	\$2,480	\$124	\$3,680	\$3,720	\$310
\$2,480	\$2,520	\$130	\$3,720	\$3,760	\$316
\$2,520	\$2,560	\$136	\$3,760	\$3,800	\$322

Effective 1-1-2002

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

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MAY 15 2003
PENSION

Pension - Federal Tax Withholding Election Form

This table shows how much will be withheld from your monthly benefit payment for Federal Tax purposes if you selected withholding equal to a married person with three (3) exemptions on Page 1 of this form. Please note that the schedule below is based on the government's current withholding tables for married persons claiming three (3) exemptions. When the government's schedule changes, so will the amount withheld from your monthly benefit payment.

If your monthly benefit payment is:

At Least	But Less Than	Withholding	At Least	But Less Than	Withholding
\$3,800	\$3,840	\$328	\$5,040	\$5,080	\$514
\$3,840	\$3,880	\$334	\$5,080	\$5,120	\$520
\$3,880	\$3,920	\$340	\$5,120	\$5,160	\$528
\$3,920	\$3,960	\$346	\$5,160	\$5,200	\$539
\$3,960	\$4,000	\$352	\$5,200	\$5,240	\$549
\$4,000	\$4,040	\$358	\$5,240	\$5,280	\$560
\$4,040	\$4,080	\$364	\$5,280	\$5,320	\$571
\$4,080	\$4,120	\$370	\$5,320	\$5,360	\$582
\$4,120	\$4,160	\$376	\$5,360	\$5,400	\$593
\$4,160	\$4,200	\$382	\$5,400	\$5,440	\$603
\$4,200	\$4,240	\$388	\$5,440	\$5,480	\$614
\$4,240	\$4,280	\$394	\$5,480	\$5,520	\$625
\$4,280	\$4,320	\$400	\$5,520	\$5,560	\$636
\$4,320	\$4,360	\$406	\$5,560	\$5,600	\$647
\$4,360	\$4,400	\$412	\$5,600	\$5,640	\$657
\$4,400	\$4,440	\$418	\$5,640	\$5,680	\$668
\$4,440	\$4,480	\$424	\$5,680	\$5,720	\$679
\$4,480	\$4,520	\$430	\$5,720	\$5,760	\$690
\$4,520	\$4,560	\$436	\$5,760	\$5,800	\$701
\$4,560	\$4,600	\$442	\$5,800	\$5,840	\$711
\$4,600	\$4,640	\$448			
\$4,640	\$4,680	\$454			
\$4,680	\$4,720	\$460			
\$4,720	\$4,760	\$466			
\$4,760	\$4,800	\$472			
\$4,800	\$4,840	\$478			
\$4,840	\$4,880	\$484			
\$4,880	\$4,920	\$490			
\$4,920	\$4,960	\$496			
\$4,960	\$5,000	\$502			
\$5,000	\$5,040	\$508			

Effective 1-1-2002

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Annual Information Report

May 8, 2003

William D Freeman

6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Social Security Number : ***-**-5488

Retirement Information

Retirement Type: Unreduced Pension - Age 62 Retirement

Retirement Date: June 1, 2002

Age at Retirement: 63 years 10 Months

Initiation Date: January 1, 1972

First Contribution Date: January 1, 1974

Annual Information

Year	HOURS			FUTURE SERVICE			VESTING SERVICE			CONTRIBUTION			Net	Actuary	Other	Adjust	Rate	Actuary	Other	Adjust	Net	Actuary	New	Actual	Benefit Rate	Benefit	Attest	Comp
	Actuary	Other	Adjust	Net	Actuary	Comp	Adjust	Net	Actuary	Other	Adjust	Net																
1955	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1956	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1957	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1958	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1959	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1960	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1961	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1962	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1963	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1964	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1965	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1966	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1967	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1968	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1969	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1970	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1971	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		
1972	0.0	0.0	10.0	10.0	0.00	0.83	0.83	0.00	0.83	0.83	0.83	\$0.00	\$0.00	\$0.00	\$167.50	\$167.50	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000		
1973	0.0	0.0	12.0	12.0	0.00	1.00	1.00	0.00	1.00	1.00	1.00	\$0.00	\$0.00	\$0.00	\$240.00	\$240.00	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000	\$0.0000		

Pension Trust Fund for Automotive Industries

1640 South Loop Road
 Alameda, CA 94502
 Telephone No. (510) 836 - 2484
 Toll Free No. (800) 635 - 3105

Pension - Annual Information Report

May 8, 2003

William D Freeman

Annual Information

Year	HOURS			FUTURE SERVICE			VESTING SERVICE			CONTRIBUTION			BENEFIT RATE			BENEFIT COMP Actuary	New Actual		
	Actuary	Other	Adjust	Net	Actuary	Comp	Adjust	Net	Rate	Actuary	Other	Adjust	Net	Actuary	Actuary				
1974	33.0	0.0	(21.0)	12.0	0.00	1.00	1.00	2.25	1.00	1.00	0.0000	\$647.50	\$0.00	(\$407.50)	\$240.00	5.0000	0.0500	\$32.38	\$12.00
1975	9.0	0.0	9.0	0.00	0.75	0.75	0.75	0.75	0.75	0.75	0.0000	\$220.00	\$0.00	\$220.00	5.0000	0.0500	\$11.00	\$11.00	
1976	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$375.00	\$0.00	\$375.00	5.0000	0.0500	\$18.75	\$18.75	
1977	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$390.00	\$0.00	\$390.00	5.0000	0.0500	\$19.50	\$19.50	
1978	10.0	0.0	10.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$335.00	\$0.00	\$335.00	5.0000	0.0500	\$16.75	\$16.75	
1979	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$420.00	\$0.00	\$420.00	5.0000	0.0500	\$21.00	\$21.00	
1980	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$420.00	\$0.00	\$420.00	5.0000	0.0500	\$21.00	\$21.00	
1981	3.0	0.0	3.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$105.00	\$0.00	\$105.00	5.0000	0.0500	\$5.25	\$5.25	
1982	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1983	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1984	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1985	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1986	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1987	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1988	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1989	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1990	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1991	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1992	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1993	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1994	3.0	0.0	3.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$225.00	\$0.00	\$225.00	5.0000	0.0500	\$11.25	\$11.25	
1995	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00	
1996	4.0	0.0	4.0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.0000	\$400.00	\$0.00	\$400.00	5.0000	0.0500	\$20.00	\$20.00	
1997	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$1200.00	\$0.00	\$1200.00	5.0000	0.0500	\$60.00	\$60.00	
1998	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$1200.00	\$0.00	\$1200.00	5.0000	0.0500	\$60.00	\$60.00	
1999	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$1200.00	\$0.00	\$1200.00	5.0000	0.0500	\$60.00	\$60.00	
2000	12.0	0.0	12.0	0.00	1.00	1.00	1.00	1.00	1.00	1.00	0.0000	\$1425.00	\$0.00	\$1425.00	5.0000	0.0500	\$71.25	\$71.25	

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Annual Information Report

May 8, 2003

William D Freeman

Annual Information

Year	HOURS			FUTURE SERVICE			VESTING SERVICE			CONTRIBUTION			BENEFIT RATE Actuary	New Actual	BENEFIT RATE Actuary	Comp		
	Actuary	Other	Adjust	Net	Actuary	Comp	Adjust	Net	Rate	Actuary	Other	Adjust	Net					
2001	0.0	0.0	10.0	10.0	0.00	1.00	0.00	1.00	1.00	0.0000	\$0.00	\$0.00	\$1390.00	\$1390.00	0.0000	0.0500	\$0.00	\$69.50
2002	0.0	0.0	0.0	0.0	0.00	0.00	0.00	0.00	0.00	0.0000	\$0.00	\$0.00	\$0.00	\$0.00	0.0000	0.0500	\$0.00	\$0.00
ANNUAL HOURS																		
ANNUAL FUTURE SERVICE				ANNUAL VESTING SERVICE				ANNUAL CONTRIBUTION				ANNUAL BENEFIT						
Actuary	158.0	Actuary	0.00	Actuary	0.00	Compute	13.58	Actuary	12.00	Actuary	Other	Adjustments	13.58	Net	\$8,562.50	Actuary	\$428.13	
Other	0.0	Compute	0.00	Compute	13.58	Adjustments	11.0	Adjustments	13.58	Other	Adjustments	Net	13.58	Net	\$0.00	Compute	\$497.63	
Adjustments	11.0														\$1,390.00			
Net	169.0	Net	13.58	Net	13.58				13.58						\$9,952.50			

Social Security Number : ***-**-5488

AUTOMOTIVE INDUSTRIES PENSION FUND

1640 SOUTH LOOP ROAD • ALAMEDA, CALIFORNIA 94502 • TELEPHONE (510) 836-2484
POST OFFICE BOX 23120 • OAKLAND, CALIFORNIA 94623-0120



PENSION DEPARTMENT PROCESSING TRANSMITTAL

NAME Freeman, William D. SSN# 250-56-5488

CALCULATED BY JW DATE 1/29/03

VERIFIED BY JME DATE 2/10/03

Reason for return to adjuster: Pend death cert for ex-spouse, Edna ✓

Are you going to ask for PSC for 1964 Thru 1/1972? Done

4/16/03 - Verify P/S only

RECALCULATION BY _____ DATE _____ DATE _____

RE-VERIFIED BY _____ DATE _____ DATE _____

Reason for return to adjuster: _____

SUPERVISORIAL REVIEW AND COMMENT:

Defined Benefits - Analysis - Benefit Calculation Summary

Automotive Industries - Pension Defined Benefit							
Requester SSN	Prefix	First Name	MI	Last Name	Suffix	Activity Status	
250-56-5488		William	D	Freeman		Active	<input type="button" value="▼"/>
Retire Date	Retirement Type	Retire Age	Application Type	Application Status	Application		
06-01-2002	Unreduced Pension - Age 6	63 Yr 10 Mo	Retirement	Processing Application	<input type="button" value="▼"/>	000017228	<input type="button" value="▼"/>
Computed Amounts							
Payment Option Type	Start	Stop	Actual Rate	Benefit	Computed	Participant	
36-Month Guarantee - Participant	06-01-2002		100.00 %	\$575.13	<input type="button" value="▼"/>	Past Service	<input type="button" value="▼"/>
120-Month Guarantee	06-01-2002		92.78 %	\$533.61	<input type="button" value="▼"/>	Annual	<input type="button" value="▼"/>
Joint and Survivor 50% - Participant	06-01-2002		94.10 %	\$541.20	<input type="button" value="▼"/>	Reductions	<input type="button" value="▼"/>
Joint and Survivor 50% - Spouse			50.00 %	\$270.60	<input type="button" value="▼"/>	Other Applns	<input type="button" value="▼"/>
Joint and Survivor 100% - Participant	06-01-2002		84.10 %	\$483.68	<input type="button" value="▼"/>	Summary	<input type="button" value="▼"/>
Computed Amounts	Age Details	Rate Details	--- NO IRC415 ---		Pay Options		
Comment							
Record(s) retrieved. You can not update or delete this record. You can query but not add new records.							
RETRIEVED							

Re-calc
to include
P/S/C

Unreduced
eff 6/2002
No retiree

AUTOMOTIVE INDUSTRIES PENSION TRUST FUND

1640 SOUTH LOOP RD, ALAMEDA, CA 94502

PHONE: (510) 836-2484

Re-calc
for P/S
Am

WORKSHEET OF PRELIMINARY STEPS TO DETERMINE IRC SECTION 415 FIXED DOLLAR LIMITATIONS

DEFINED BENEFIT ENTITLEMENT: \$ 595.13 ✓
497.63 ✓

NAME: Freeman, William D. ✓
SS# 250-56-5488 ✓

1. Retirement Date and Age: 6/2002 ✓ 63/10 ✓

2. Accrued Annual Benefit For One Year:

595.13 ✓ 6901.56 ✓
S/L 36 month guarantee - \$ 497.63 ✓ x 12 = \$ 5971.56 ✓

Fixed Dollar Amount on the chart: \$ 159,456.00

IRC Section 415 Limited: Yes No

533.61 ✓ 6403.32 ✓
S/L 120 month guarantee - \$ 461.70 ✓ x 12 = \$ 5540.40 ✓

Fixed Dollar Amount on the chart: \$ 153,776.00

IRC Section 415 Limited: Yes No

541.20 ✓ 6494.40 ✓
H/W benefit (50%) - \$ 468.27 ✓ x 12 = \$ 5619.24 ✓

Fixed Dollar Amount on the chart: \$ 160,000.00

IRC Section 415 limited: Yes No

483.68 ✓ 5804.16 ✓
H/W benefit (100%) - \$ 418.51 ✓ x 12 = \$ 5022.12 ✓

Fixed Dollar Amount on the chart: \$ 160,000.00

IRC Section 415 Limited: Yes No

Calculated By/Date: Am 1/29/03

Verified By/Date: JME 2/10/03 Reverified JME 5/8/03

Retiree Plan Worksheet for Initial Eligibility

NAME Freeman, William D. S.S.# 250-56-5488

To be eligible, the following requirements must be met:

1. Upon termination of employment covered by the Collective Bargaining agreement, the individual must be eligible for a Retirement Benefit from the AIPF or other retirement plan approved by the Board of Trustees.
2. The Employee must apply for such pension benefits within 24 months following the month of termination of employment covered by the Collective Bargaining Agreement.
3. 24 contributions, in the amounts required by the Retiree Plan, must have been made on the Employees' behalf within the 48 months preceding the month of termination of employment covered by the Collective Bargaining Agreement.

Type of Retirement eligible for: Unreduced

Date of Benefit entitlement: 6/2002

Date of last employer retiree contribution: 0

PF9✓

Number of retiree contributions within 48 months: 0

Eligible for retiree coverage Yes No

Completed by: JW Date: 1/29/03

Date copy provided to Billing and Eligibility Dept: _____

After Retirement/Retiree Plan Changes

Retiree Name: _____ S.S.# _____

Retiree is deceased as of: _____

Name of Spouse: _____

Spouse eligible for survivor pension benefit Yes No

Completed by: _____ Date: _____

Date copy provided to Billing and Eligibility Dept: _____

This is to certify that this is a true copy of the record which is on file in the Pennsylvania Division of Vital Records in accordance with Act 66, P.L. 304, approved by the General Assembly, June 29, 1953.

WARNING: It is illegal to duplicate this copy by photostat or photograph.


Robert S. Zimmerman, Jr.
Robert S. Zimmerman, Jr., MPH
Secretary of Health



Charles Hardester
Charles Hardester
State Registrar

2161719

No.-

DEC 23 2002

RECEIVE
APR 16 2003
PENSION

CORRECTED ITEMS: 3 H106.143 Rev. 2001
PER: FD DATE: 12-18-02 DDB COMMONWEALTH OF PENNSYLVANIA • DEPARTMENT OF HEALTH • VITAL RECORDS
CERTIFICATE OF DEATH

115342

CERTIFICATE OF DEATH										FILE NUMBER					
NAME OF DECEDENT (First, Middle, Last)					SEX & SOCIAL SECURITY NUMBER					DATE OF DEATH (Month, Day, Year)					
Edna Mae Freeman					2. Female 2. 191 - 28 - 0151					Nov. 5, 2002					
AGE (At birthday)	UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH	BIRTHPLACE (City and State or County)		PLACE OF DEATH (Check only one - see instructions on reverse)							
67 yrs.	Months	Days	Hours	Minutes	JANUARY 19, 1935	Frederick, Pennsylvania		HOSPITAL	EXPLOSION	NON	OTHER HOMICIDE NURSES PARENTH. □ Other Party □				
COUNTRY OF DEATH		CITY, STATE, TWO OF DEATH			FACILITY NAME (If no hospital, give street and number)			WAS DECEDENT OF PREGNANT OR NOT			RACE: American Indian, Black, White, etc. (Specify)				
Mercer		Greenville			UPMC-Horizon			No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 2 yrs. Away Child, Member, Foster Family, etc.			White				
DECEDENT'S USUAL OCCUPATION					METH OF DEATH: SICKNESS/HABIT			WAS DECEDENT EVER IN U.S. ARMED FORCES?			MARRITAL STATUS: Married, Never Married, Widowed, Divorced, Separated			RELATIVES LOCATED (If any, give names and address)	
(Other kind of work done during life Working part-time or was retired?)					Government			<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			Divorced				
DECEDENT'S MAILING ADDRESS (Street, City/Town, State, Zip Code)					Pennsylvania			17a. Did the deceased live in a boarding? <input type="checkbox"/> Yes Standard Form <input type="checkbox"/> No			17b. No. deceased lived in same house as 17c. MOTHER'S NAME (First, Middle, Last Name) Josephine Clark				
60 Water Street Frederick, Pa. 16124					Mercer						60 Water Street, Fredonia, Pa. 16124				
DECEASED'S NAME (First, Middle, Last)					17d. DATE OF DECEASETION (Month, Day, Year)			PLACE OF DEPOSITION: Name of Cemetery, Cemetery or Other Place			LOCATION: City/Town, State, Zip Code				
Charles Hart					Nov. 11, 2002			Millbank Cemetery			Fredonia, Pa. 16124				
METHOD OF DISPOSITION					17e. LICENCE NUMBER			NAME AND ADDRESS OF HOSPITAL			Robert L. Snyder Funeral Home, Ltd.				
Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Removal from body <input type="checkbox"/>					FD012787-L			169 Second Street, Fredonia, Pa. 16124							
17f. TIME OF DEATH					17g. DATE PROCLAIMED DEAD (Month, Day, Year)			WHO CASE REFERRED TO MEDICAL EXAMINER/Coroner			17h. DATE SIGNED BORN, DIED, ETC.			17i. SIGNATURE DECEASED INTERVIEWER CERTIFY STATE TIME DATE	
12:00 A.M. NOVEMBER 5, 2002											NOVEMBER 5, 2002				
27. PART I: Enter the disease, injury or complication which caused the death. Do not enter the mode of dying, such as caused by voluntary act, shock or heart failure. List only one cause on each line.										PART II: Enter significant conditions contributing to death, but not resulting in the underlying cause given in PART I.					
<p><i>Edna Hartman - M. Hartman</i></p> <p>DUE TO (OR AS A CONSEQUENCE OF):</p> <p><i>Edna Hartman - M. Hartman</i></p> <p>DUE TO (OR AS A CONSEQUENCE OF):</p> <p><i>Edna Hartman - M. Hartman</i></p> <p>DUE TO (OR AS A CONSEQUENCE OF):</p> <p><i>Edna Hartman - M. Hartman</i></p>															
WILL AN AUTOPSY BE PERFORMED?					MANNER OF DEATH		DATE OF INJURY (Month, Day, Year)		TIME OF INJURY		INJURY OR MEDICAL EXAMINATION PERFORMED		DECEDENT HOW INJURY OCCURRED		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					Pending investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					PLACE OF INJURY - At home, Tenn., street, factory, office, building, etc. (Specify)						<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>				
CERTIFY (Check only one) 27a. THIS PHYSICIAN certifying cause of death when another physician has pronounced death are completed form 23 "To the best of my knowledge, death occurred due to the cause(s) and manner as stated.".....										SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN LICENCE NUMBER					
27b. THIS PHYSICIAN certifying death and causing to death "To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.".....										LICENCE NUMBER NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Part 27) Type or Print					
27c. MEDICAL EXAMINER/CORONER "On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.".....										NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (Part 27) Type or Print					
27d. REGISTRANT'S SIGNATURE AND NUMBER <i>J. Hughes</i>										DATE FILED (Month, Day, Year) 11-08-02					
27e. DATE FILED (Month, Day, Year) 12-08-06															

APR 16 2003

PENSION

HD1108F REV 03/02

Application for Certified Copy of Death Record
Pennsylvania Department of Health - Division of Vital Records
Records available from 1906 to the present

By my signature below, I state I am the person whom I represent myself to be herein, and I affirm the information within this form is complete and accurate and made subject to the penalties of 18 Pa.C.S. §4904 relating to unsworn falsification to authorities. In addition, I acknowledge that misstating my identity or assuming the identity of another person may subject me to misdemeanor or felony criminal penalties for identity theft pursuant to 18 Pa.C.S. §4120 or other sections of the Pennsylvania Crimes Code.

Signature of person making request: William D Freeman
 (Required) (If under 18, parent must sign)

PRINT or TYPE your name & credit card billing address (Certificate will only be mailed to your credit card billing address):

Name: William D Freeman Relationship to person
 Named on Certificate: Ex Husband

Address: 6818 FLAMING BARROW DR.

City: CORONA HEIGHTS State: PA Zip: 95621 Reason for VERIFICATION FOR PENSION APPLICATION

Daytime phone number: (916) 775-5988 E-mail Address: _____

PRINT or TYPE information below with regard to person named on requested certificate: Number of copies: 1

Name at Death: KEDNA M. FREEMAN

Sex: Male Female X Date of Death: NOV 4, 2003
 (Month/Day/Year)

Place of Death: (MERCER) FREDONIA Social Security #: 191-28-8150
 (County) (City/Boro/Township in Pennsylvania)

Age at Time of Death: 67 Date of Birth: JUN 1935 Funeral Director: UNKNOWN

Full Maiden Name of Mother: UNKNOWN

Full Name of Father: UNKNOWN

In addition to the cost of \$3.00** per certified copy, there is a \$7.00 service fee to utilize a credit card as method of payment. Complete this application and fax to: (724) 652-8951

Ship by: First Class Mail Express Carrier X (Select carrier below)

Specify carrier: Fed-X X UPS Express Mail Additional fee charged to credit card

Type of Credit Card: MasterCard X Discover Visa American Express

Credit Card #: 5474-1805-2716-9393 CVC: 9392-306 Expiration Date: 01/05

Card Verification Code (CVC): Three-digit code is printed on the signature panel on the back of Visa and MasterCard debit/credit cards. Four-digit non-embossed code is located on the front of American Express cards.

** The \$3.00 fee may not be required for death records of Armed Forces members and their dependents. If selecting an express carrier, the \$7.00 service fee will be charged in addition to the express carrier charges. Please complete the following information:

Armed Forces Member's Name: _____ Service Number: _____

Relationship to Armed Forces Member: _____ Rank and Branch of Service: _____

Website address: www.health.state.pa.us/vitalrecords

4/16/03

Pension Fund Fund of Automotive
Industries

1640 South Loop Road
Alameda, Cal. 94502

RECEIVED
APR 16 2003
PENSION

Attn: Alida

Please find enclosed a copy of the
death certificate of Edna M. (Mae) Freeman
from the Commonwealth of Pennsylvania -
Death - November 5, 2002 as per their
needs - (Actually passed away Nov. 4, 2002 - verified Nov 5, 2002)

Also please note that the Social Security
number is off one digit - Actual is

191-28-8150 - The death document shows
191-28-8151 - (one digit off) this has caused
problems with the probate of the estate -
A correction & mistake has been acknowledged by
the Commonwealth of Pennsylvania but has
not been corrected or forwarded to me as of
this date. Please advise

Respectfully
William D Zimmerman ----- 5488

BENEFIT PLAN ADMINISTRATION

AUTOMOTIVE INDUSTRIES PENSION PLAN
1640 SOUTH LOOP ROAD, ALAMEDA, CA 94502 P.O.BOX 23120, OAKLAND, CA 94623-0120
PHONE:(510)836-2484

JANUARY 31, 2003

COPY

MR. WILLIAM D. FREEMAN
6818FLAMING ARROW DR.
CITRUS HEIGHTS, CA. 95621 - 4777

DEAR MR. FREEMAN,

THIS WILL ACKNOWLEDGE RECEIPT OF YOUR APPLICATION FOR UNREDUCED PENSION.

NO FURTHER INFORMATION IS NEEDED AT THIS TIME. HOWEVER, PLEASE BE ADVISED OF THE FOLLOWING: (PLEASE DISREGARD IF NOT PRECEDED BY XXXX)

XXXX1. THE DATE OF JUNE 1, 2002 IS INITIALLY ESTABLISHED AS YOUR PENSION EFFECTIVE DATE SUBJECT TO A COMPLETE REVIEW OF YOUR FILE AND YOUR MEETING THE RETIREMENT PROVISIONS OF ARTICLES 4 AND 5 OF THE PENSION PLAN.

2. FOR VERIFICATION OF POSSIBLE PAST SERVICE CREDIT WE HAVE REQUESTED EARNINGS RECORDS FROM THE SOCIAL SECURITY ADMINISTRATION. IT IS NOT UNUSUAL FOR A RESPONSE TO TAKE FROM 4 - 5 MONTHS AND MAY CAUSE A DELAY IN DETERMINING THE ACTUAL AMOUNT OF YOUR BENEFIT. HOWEVER, IF YOU SATISFY THE PLAN'S ELIGIBILITY REQUIREMENTS FOR A PENSION BASED ON YOUR FUTURE SERVICE, YOUR BENEFIT WILL BE DETERMINED BASED ON YOUR VERIFIED SERVICE. WHEN THE FUND OFFICE RECEIVES VERIFICATION OF POSSIBLE ADDITIONAL SERVICE, YOUR BENEFIT WILL BE ADJUSTED RETROACTIVELY TO YOUR PENSION EFFECTIVE DATE IF APPROPRIATE.

3. THE ORIGINAL DOCUMENTS YOU PROVIDED ARE HEREWITH BEING RETURNED BY CERTIFIED MAIL.

XXXX4. UPON A COMPLETE REVIEW OF YOUR FILE, YOU WILL BE PROVIDED WITH AN ELECTION LETTER AND TAX WITHHOLDING FORMS.

XXXX5. OTHER - THANK YOU FOR YOUR LETTER REGARDING YOUR DISSOLUTION TO EDNA FREEMAN. PLEASE SUBMIT A PHOTOCOPY OF THE DEATH CERTIFICATE WHEN YOU RECEIVE IT.

RESPECTFULLY SUBMITTED,

ALIDA MIHOVILOVICH
PENSION DEPARTMENT

November 16, 2002

Pension Fund of Automotive Industries
1640 South Loop Road
Alameda, Cal. 94502

RECEIVED

NOV 22 2002

PENSION

I am applying for my pension retirement, and in doing so, reading your packet and discussions with Mr Mark Martin local 2182, I realize that that I need a divorce decree from a prior marriage to Mrs. Edna M. Freeman.

I have pursued this document for 3 month. The final word from Placer County Records is, we cannot produce this document because, we had a fire in the Dewitt document center at about this time frame of March 18, 1981 when the final dissolution of marriage was entered.

However Mrs Edna Freeman passed away from a brain tumor complication on Nov 4 2002 in Pennsylvania - I have contacted the department of records in Pennsylvania for a copy of the death certificate - I have been informed by a Mr Watson, in that department that this document will be available to me in approximately 30 to 45 days.

I will submit this document to you
for consideration - otherwise I do
not know where to go from here -
Please advise.

Respectfully
William D. Freeman
Local 2182

RECEIVED
NOV 22 2002
PENSION

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Local 2182

P/E 1/1972

Pension - Summary of Contributions and Credits

December 18, 2002

Social Security Number : 250-56-5488

William D Freeman

FOR ADMINISTRATIVE USE ONLY

Year	Totals	Months	Contributions	Credits
1954				
1955				
1956				
1957				
1958				
1959				
1960				
1961				
1962				
1963				
1964				
1965				
1966				
1967				
1968				
1969				
1970				
1971				
X 1972	167.50	10	167.50	
1973	1107.50	12	740.00	
1974	647.50	12	240.00	
1975		9	\$220.00	
1976		12	\$375.00	
1977		12	\$390.00	
1978		10	\$335.00	
1979		12	\$420.00	
1980		12	\$420.00	<i>pls 8yr 7mos</i>
1981		3	\$105.00	

Year	Months	Contributions	Credits
1982	2		
1983	5		
1984	4		
1985	5		
1986			
1987			
1988			
1989			
1990			
1991			
1992			
1993			
1994	3	\$225.00	
1995			
1996	4	\$400.00	
1997	12	\$1,200.00	
1998	12	\$1,200.00	
1999	12	\$1,200.00	
2000	12	\$1,425.00	
2001	10	1390.00	(see detail)
2002			

*Unreduced - eff 6/1/2002 ✓
 \$9,952.50 x 5.00 = \$497.63 ✓
 P/S 1 yr 9 mos x 10.00 = 77.50
 \$ 575.13*

AUTOMOTIVE INDUSTRIES PENSION PLAN

Past Service Calculation Worksheet

NAME: Freeman, William D.

SSN: 250-56-5488

PAST SERVICE FROM: _____ / _____ THROUGH _____ / _____
(Mo.) (Yr.) (Mo.) (Yr.)

Plan Entry Date: 1/72
Contributions: 10

(Check quarters earnings reported for)

TOTAL PAST SERVICE

7 YRS. 9 MOS.

Calculated by:

1

Date: 4/16/03

Verified by

ck

Date:

4/18/03

BENEFIT PLAN ADMINISTRATION

AUTOMOTIVE INDUSTRIES PENSION PLAN
1640 SOUTH LOOP ROAD, ALAMEDA, CA 94502 P.O.BOX 23120, OAKLAND, CA 94623-0120
PHONE:(510)836-2484

FEBRUARY 12, 2003

COPY

SOCIAL SECURITY ADMINISTRATION
ATTN: DERO
300 N. GREENE ST.
BALTIMORE, MD. 21290-0300

JOB NUMBER: 8499LC

RE: ENCL. ATTACHED PLEASE FIND SIGNED AUTHORIZATIONS FOR THE RELEASE OF ITEMIZED ANNUAL AND QUARTERLY REPORTS FOR THE FOLLOWING:

NAME

DONORQUEZ, JURGE

FREEMAN, WILLIAM D.

*****-**-5488

SINCERELY,

ALIDA MIHOVILovich
PENSION DEPARTMENT

ENCLOSURES

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

RECEIVED
MAR 31 2003
PENSION

Pension - Authorization to obtain Earnings Data from the Social Security Administration

Social Security Administration
Attention: DERO
300 N. Greene Street
Baltimore, Maryland 21290-0300

Requesting Organization: Job No. 8499LC

Pension Trust Fund for Automotive Industries
1640 South Loop Road
Alameda, CA 94502

Name: William Freeman

Please enter your
Social Security Number: 250-56-5488

Other Last Name(s), Such as
Maiden Name, Used to Report
Your Earnings :

Date of Birth : July 23, 1938

Please furnish the requesting organization shown above, or its designees, an itemized statement of all amounts of earnings reported to my record, or to the record identified above, for the periods specified by that organization, and the identification numbers, names, and addresses of the reporting employers.

TO BE COMPLETED BY OFFICIAL OF REQUESTING ORGANIZATION ONLY

Periods Requested: 1/1/64 through 3/30/72

through

Signature of Organization Official : Alida Mihorilovich

Telephone Number: (510) 836 - 2484 FAX Number: (510) 337 - 3070

I am the individual to whom the record/information applies or that person's parent (if a minor) or legal guardian, or a person who is authorized to sign on behalf of the individual to whom the record/information applies. I know that if I make any representation which I know is false to obtain information from Social Security records, I could be punished by a fine or imprisonment or both.

Address/DAYTIME Telephone Number of 6818 FLAMING ARROW DR., CITRUS HTS, CA .95621
Social Security Number Holder Address
(or Authorized Representative) (916) 725 - 5988
Area Code Number

Relationship
(if other than SSN holder)

Natural or
Adoptive Parent

Legal
Guardian

Other (Specify)

1/18/02
Date Signed

Signature of Social Security Number Holder
(or Authorized Representative)

William Freeman

Your Name (Please Print)

RECEIVED

NOV 22 2002

PENSION

RECEIVED

MAR 31 2003

JOB: 8450
PENSION

SSA-1826 ITEMIZED STATEMENT OF EARNINGS
VERSION 1984.002 * * * FOR SSN 250-56-5488 * * *

FROM: SOCIAL SECURITY ADMINISTRATION
OFFICE OF CENTRAL OPERATIONS
300 N. GREENE STREET
BALTIMORE, MARYLAND 21290-0300

AUTOMOTIVE INDUSTRIES PENSION TRUST FUND NUMBER HOLDER NAME:
WILLIAM FREMAN

ATTN: PENSION DEPT.

P.O. BOX 23120
OAKLAND CA 94623-0120

PERIOD REQUESTED JANUARY 1964 THRU MARCH 1972

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	--------------	-------------	-----------	-------

EMPLOYER NUMBER: 94-1112425
ABM JANITORIAL NORTHERN CALIFORNIA
500 HOWARD ST STE 406
SAN FRANCISCO CA 94105-3000

NO

1964	17.12	65.10	358.05	323.85	\$ 764.12
1965	112.50				\$ 112.50

EMPLOYER NUMBER: 94-0345241

E C BROWNLEE
O K TIRE STORES
516 E BIDWELL
FOLSOM CA 95630-0000

OK

1964	1,453.92	1,596.82	1,500.00	\$ 4,550.74
------	----------	----------	----------	-------------

EMPLOYER NUMBER: 94-1589199

O K TIRE STORES INC
4715 AUBURN BLVD
SACRAMENTO CA 95841-3601

1965	1,000.00	1,144.51	\$	2,144.51
------	----------	----------	----	----------

PAGE 001

RECEIVED

MAR 31 2003

PENSION

SSA-1826

ITEMIZED STATEMENT OF EARNINGS

VERSION 1984.002 * * *

FOR SSN 250-56-5488

JOB: 8499

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT.	OCT - DEC	TOTAL
------	-------------	--------------	--------------	-----------	-------

EMPLOYER NUMBER: 94-1461650
JOE MAHER HOME & AUTO SUPPLY INC
JOE MAHER TIRE CENTER
1750 FULTON AV
SACRAMENTO CA 95825-0000

1965		755.30	1,926.38	1,981.69	\$ 4,663.37
1966	2,001.26	2,215.13	2,116.07	267.54	\$ 6,600.00
1967	2,162.59	2,290.77	2,146.64		\$ 6,600.00
1968	2,126.58	2,290.34	2,582.74	800.34	\$ 7,800.00
1969	2,396.15	2,401.95	2,331.80	670.10	\$ 7,800.00
1970	2,467.00	2,474.50	2,659.40	199.10	\$ 7,800.00
1971	2,471.73	2,472.79	2,378.58	476.90	\$ 7,800.00

EMPLOYER NUMBER: 94-1532832
CAPONES SYNDICATE INC
FIREDANCE LOUNGE
7820 INSTOW CT
ELK GROVE CA 95758-1051

1969	73.50	217.50	178.20	227.72	\$ 696.92
1970	236.79		172.99	204.76	\$ 614.54
1971	239.76	152.26	103.27	121.64	\$ 616.93
1972	130.51	133.00	74.00		\$ 337.51

EMPLOYER NUMBER: 94-1641557
FAIR CHRYSLER-PLYMOUTH INC
2100 ARDEN WAY
SACRAMENTO CA 95825-0000

1972	2,484.13	2,615.17	2,916.87	983.83	\$ 9,000.00
------	----------	----------	----------	--------	-------------

EMPLOYER NUMBER: 94-1256761
NORTH RIDGE COUNTRY CLUB
7600 MADISON AVE
FAIR OAKS CA 95628-3400

1972		94.75		\$	94.75
------	--	-------	--	----	-------

RECEIVED

MAR 31 2003

PENSION

SSA-1826

ITEMIZED STATEMENT OF EARNINGS

JOB: 8499

VERSION 1984.002 * * *

FOR SSN 250-56-5488

* * *

YEAR	JAN - MARCH	APRIL - JUNE	JULY - SEPT	OCT - DEC	TOTAL
------	-------------	--------------	-------------	-----------	-------

THERE ARE NO OTHER EARNINGS RECORDED UNDER THIS SOCIAL SECURITY NUMBER FOR THE PERIOD(S) REQUESTED.

EARNINGS FOR THE YEARS AFTER 2001 MAY NOT BE SHOWN, OR ONLY PARTIALLY SHOWN, BECAUSE THEY MAY NOT YET BE ON OUR RECORDS.

PAGE 003 END

12/18/2002 AI1A PENSION FUND - PENSION SUMMARY MISC DATA SMFMMP4
 SOCIAL---- FIRST NAME MI LAST NAME SFX SEX MARITAL LOCAL BARG---
 250 56 5488 WILLIAM D FREEMAN M STAT 2182 CD UNIT
 AGE- 064 YRS 04 MOS B
 DATES-----CD-MM DD YEAR UPDATED STATUS ZRO-YEARS -BREAK REENT
 BIRTHDATE 07 23 1938 THRU 0 1ST 0000 1) 0000 0000
 CREATE 04 14 1977 PLAN END DELQ CD LST 0000 2) 0000 0000
 UNION ENTRY 00 0000 12 2001 NUM 00 3) 0000 0000
 PLAN ENTRY 01 1972 LAST WORKED EMPLOYER NO. GRP CD-
 VESTED V 1986 LOCAL 2182 041010300014 SEPARATIONS --- NO 01
 RETIRED 00 0000 LASHER SERVICE CORP.-VW TOT CREDITS YEAR RPT
 RET 1ST CHK 00 0000 RATE 145.000 8.000 1) 1982
 DECEASED 00 0000 2) 0000
 LAST WORKED 12 2001 TOTAL BEN AMT 512.13 3) 0000
 LAST PAID DT EE 01 2002 EARLY BEN AMT .00 4) 0000
 CURRENT AFT RET CONTR .00 ACTUARY STAT--CUR- A PRV- A
 TOTAL AFT RET CONTR .00 OLD SOC 000 00 0000 CHG YR 0000
 QDRO REC P-Y-N N BENF REC P-Y-N N OLD NAME-----CHG YR 0000
 AUDIT 00/00/0000 00.00.00 000

 ENTER-DISPLAY ANOTHER EE F1-UPDATE EE DATA F12-MENU F2-WORK HISTORY
 F7-DISPLAY PREV REC F8-DISPLAY NEXT REC F9-NOTES SHIFT F11 HELP

B BEFORE

12/18/2002 AI1A PENSION FUND - PENSION CREDIT SUMMARY SCREEN SMFNMPW
 SOCIAL SEC NO FIRST NAME MI LAST NAME SFX UPDATED STATUS
 250 56 5488 WILLIAM D FREEMAN THRU 0
 PLAN END
 BIRTHDATE 07 23 1938 AGE 064 YRS 04 MOS 12 2001
 -----VEST---CONTRIBUTS--MOS-RATE-BENEFIT AMT
 ROLLOVER .00 .00 ROLLOVER FLAG
 REL CRED .000 0
 TH-74 2.250 647.50 33 5.00 32.38 *REVIEW RELATED CRED
 --75-- .750 220.00 9 5.00 11.00 (REFERENCE)
 76-91 5.000 2,045.00 61 5.00 102.25 --TD 1) 0000 0000
 92-PR YR 4.000 5,650.00 55 5.00 282.50 2) 0000 0000
 CURR YR 1.000 1,680.00 12 5.00 84.00 3) 0000 0000
 TOT FS 13.000 10,242.50 170
 PS VER N .000 PS ELG CD .00
 EST NEXT YR .000 .00 0 .00 LAST RATE
 TOTAL 13.000 512.13 ER 145.000
 TOT CONTR S THR LAST YR- 8,562.50 512.13 -VEST DB 145.000
 CUR CONTR RECEIVED DLQ CD 1,680.00 .00 IAP .000
 AUDIT 00/00/0000 00.00.00 000

 ENTER-DISPLAY ANOTHER EE F1-UPDATE EE DATA PF12-MENU F2-WORK HISTORY
 F7-DISPLAY PREV REC F8-DISPLAY NEXT REC F9-NOTES CLEAR-EOJ SHFT F2 MISC DATA

* 2001 s/b \$ 1390.00

TOTAL s/b \$ 9952.50

BEFORE

YEAR	UTB	W-S	ER -	MOS	ER - CNTB	VEST-CRDT	RSRV-	MOS	RSRV-CRDT	BEN	RATE
2002	-				1390,00						
2001	-			12.000	1600.000		1.000				5.000
2000	-			12.000	1425.000		1.000				5.000
1999	-			12.000	1200.000		1.000				5.000
1998	-			12.000	1200.000		1.000				5.000
1997	-			12.000	1200.000		1.000				5.000
1996	-			4.000	400.000						5.000
1995	-										
1994	-			3.000	225.000						5.000
1993	-										
1992	-										
1991	-										
1990	-										
1989	-										
1988	-										
1987	-										
1986	-										
1985	-										
1984	-										
1983	-										

F3-ERLY YRS NO MORE F4 F11-SHIFT RGHT NO MORE F10 00/00/0000 00.00.00 000

BEFORE

YEAR	UTB	W-S	ER -	MOS	ER - CNTB	VEST-CRDT	RSRV- MOS	RSRV-CRDT	BEN	RATE
1982	-									
1981	-			3.000	105.000					5.000
1980	-			12.000	420.000	1.000				5.000
1979	-			12.000	420.000	1.000				5.000
1978	-			10.000	335.000	1.000				5.000
1977	-			12.000	390.000	1.000				5.000
1976	-			12.000	375.000	1.000				5.000
1975	-			9.000	220.000	.750				5.000
1974	A	-		33.000	647.500	2.250				5.000
1973	-									
1972	-									
1971	-									
1970	-									
1969	-									
1968	-									
1967	-									
1966	-									
1965	-									
1964	-									
1963	-									

F3-ERLY YRS F4-LATR YRS F11-SHIFT RGHT NO MORE F10 00/00/0000 00.00.00 000

B BEFORE

02/10/2003 JE1 AI1A PENSION FUND-EMPLOYEE WORK HISTORY						SMFMMMP6				
SOCIAL	250	56	5488	NAME WILLIAM	D FREEMAN					
YEAR	UTB	W-S	ER -	MOS	ER - CNTB	VEST-CRDT	RSRV- MOS	RSRV-CRDT	BEN	RATE
1983	-									
1982	-									
1981	-	3.000		105.000					5.000	
1980	-	12.000		420.000	1.000				5.000	
1979	-	12.000		420.000	1.000				5.000	
1978	-	10.000		335.000	1.000				5.000	
1977	-	12.000		390.000	1.000				5.000	
1976	-	12.000		375.000	1.000				5.000	
1975	-	9.000		220.000	.750				5.000	
1974 U A	-	12.000		240.000	1.000				5.000	
1973 A N	-	12.000		240.000	1.000				5.000	
1972 A N	-	10.000		167.500	.833				5.000	
1971	-									
1970	-									
1969	-									
1968	-									
1967	-									
1966	-									
1965	-									
1964	-									

UPD SUCCESSFUL. ENTER NXT EE. F1-DIS WRK

02/10/2003 13.50.53 JE1

AFTER

02/10/2003 JE1 AI1A PENSION FUND-PENSION CREDIT SUMMARY SCREEN SMFNMPW
 SOCIAL SEC NO FIRST NAME MI LAST NAME SFX UPDATED STATUS
 250 56 5488 WILLIAM D FREEMAN THRU 2
 PLAN END
 BIRTHDATE 07 23 1938 AGE 064 YRS 06 MOS 12 2002
 -----VEST---CONTRIBUTS--MOS-RATE-BENEFIT AMT
 ROLLOVER .00 .00 ROLLOVER FLAG
 REL CRED .000 0
 THRU 1974 2.833 647.50 34 5.00 32.38 *REVIEW RELATED CRED
 ONLY 1975 .750 220.00 9 5.00 11.00 (REFERENCE)
 1976 - 1991 5.000 2,045.00 61 5.00 102.25 --TD 1) 0000 0000
 1992 - 2001 5.000 7,040.00 65 5.00 352.00 2) 0000 0000
 CUR YR 2002 .000 .00 0 5.00 .00 3) 0000 0000
 TOT FS 13.583 9,952.50 169
 PS VER N .000 PS ELG CD .00 LAST RATE
 EST NX 2003 .000 .00 0 .00 ER 145.000
 TOTAL 13.583 497.63 DB 145.000
 TOT CONTR S THR LAST YR- 10,242.50 497.63 -VEST IAP .000
 CUR CONTR RECEIVED DLQ CD X 290.00- .00
 AUDIT 02/10/2003 13.50.53 JE1

 ENTER-DISPLAY ANOTHER EE F1-UPDATE EE DATA PF12-MENU F2-WORK HISTORY
 CLEAR-EOJ SHFT F2 MISC DATA
 F7-DISPLAY PREV REC F8-DISPLAY NEXT REC F9-NOTES

AFTER

Automotive Industries Trust Funds

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Personal Information

Please correct the information provided and complete any missing information.

July 10, 2002

William Freeman

6818 Flaming Arrow Drive

Citrus Heights, CA 95621

Social Security Number : ***-**-5488

Telephone No.: (916) 725 5988

If the spelling of your name listed above is incorrect, please correct it here: _____

/ / / (Please Print)

Gender : Male Female

Date of Birth: July 23, 1938

(Remember to attach proof)

Marital Status: Never Married Married Widowed Separated Divorced Remarried

Were you ever divorced? Yes No If yes, date of dissolution(s) March 18, 1981 (Deceased Nov. 4, 2002)

Former spouse's name(s) Edna M. Freeman

Is there an existing court order requiring the Fund to pay any former spouse? Yes No

**IMPORTANT! IF YOU HAVE EVER BEEN DIVORCED, YOU MUST SUBMIT A COPY OF YOUR FINAL JUDGMENT(S) OF DISSOLUTION
OF MARRIAGE ALONG WITH PROPERTY SETTLEMENT(S) AND/OR QUALIFIED DOMESTIC RELATIONS ORDER(S) (QDRO).
PLEASE ALSO INDICATE IF YOU HAVE A PENDING ACTION.**

Spouse Information

If you are currently married: Spouse's Name: Kathleen M. Freeman

Date of Birth: 2/13/42
(Remember to attach proof)

Spouse's Social Security Number: 528-54-9899

Marriage Date: 10/3/81
(Remember to attach proof)

Previous name(s) and date(s) changed, if any

Kathleen From McEwan Fessenden Oct 3, 1981

Please provide explanation: Her marriage to me

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PENSION

Change of Home Address

The address listed above is your last known home address. If you would like to change your home address, please enter new address information below:

Address: _____

(APT/SPACE #) _____

City: _____ State: _____ Zip Code: _____

Telephone No. : () _____

1. PLACE OF BIRTH

County of Greenville
 Township of Dunklin
 Inc. Town of Honea Path, R. 4
 City of

Standard Certificate of Birth

STATE OF SOUTH CAROLINA
 Bureau of Vital Statistics
 State Board of Health

Registration District No. 2205

FILE No.—For State Registrar Only
19450

Registered No. 18
 (For use of Local Registrar)

(No.) St.; Ward

(If birth occurs in a hospital or other institution, give name of same instead of street and number)

2. FULL NAME OF CHILD

William David Freeman

If child is not yet named, make supplemental report as directed.

3. Boy or Girl	If Plural birth	4. Twin, triplet, or other.....	5. Number, in order of birth.....	6. Premature.....	7. Are Parents Full term? yes	8. Date of birth..... (Month, day, year) July 23, 1938		
FATHER				MOTHER				
9. Full name	<i>Manson Roy Freeman</i>			<i>Annie Mae Calk</i>				
10. Residence (usual place of abode) (If non-resident, give place and State)	<i>Honea Path, R. 4</i>			19. Residence (usual place of abode) (If non-resident, give place and State) <i>Honea Path, R. 4</i>				
11. Color or race.....	white	12. Age at last birthday..... (Years)	36	20. Color or race.....	white	21. Age at last birthday..... (Years)		
13. Birthplace (city or place) (State or country)	<i>S. C.</i>			22. Birthplace (city or place) (State or country)	<i>S. C.</i>			
OCCUPATION	14. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<i>farmer</i>			23. Trade, profession, or particular kind of work done, as house-keeper, typist, nurse, clerk, etc.	<i>Housekeeper</i>		
	15. Industry or business in which work was done, as silk mill, sawmill, bank, etc.				24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.			
	16. Date (month and year) last engaged in this work	<i>19.....</i>			25. Date (month and year) last engaged in this work	<i>19.....</i>		
	17. Total time (years) spent in this work				26. Total time (years) spent in this work	<i>NOV 22 2002</i>		
27. Number of children of this mother (At time of birth and including this child) (a) Born alive and now living..... (b) Born alive but now dead..... (c) Stillborn.....				28. If stillborn, period of gestation..... (months weeks)	29. Cause of stillbirth.....	<i>PENSION</i>		
						<i>Before labor</i>		
						<i>During labor</i>		

Specify any physical deformities of child at birth.

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 4:35 P.M. on the date above stated.

When there was no attending physician or midwife, then the father, householder, etc., should make this return.

Given name added from a supplemental report.....

(Date of)

Registrar.

(Signed) *J. T. Edwards* M.D.
 or..... Midwife
 Address *Pelzer, S. C.*
 Filed Aug. 10, 1938 Mrs. Rudolph Stoddard
 Registrar.

STATE OF UTAH—DEPARTMENT OF HEALTH

DEPARTMENT OF COMMERCE
Bureau of the CensusCITY OF OGDEN
STATE OF UTAHNo. *D*Registrar's No. *193*

CERTIFICATE OF BIRTH

1. PLACE OF BIRTH:

- (a) County of Weber
 (b) City of Ogden
 (c) Name of hospital or institution: *Dee Hospital*
 (If not in hospital or institution give street number or location)
 (d) Mother's stay before delivery: *1 hr.* in this community *1 wk.*
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:

- (a) State *Utah*
 (b) County *Salt Lake*
 (c) City or town *Salt Lake City*
 (If outside of city or town limits write RURAL)
 (d) Street No. *312 Hubbard Avenue*
 (If rural give location)

3. Full name of child: *KATHLEEN FROMM*

(Leave blank if child has not been named.)

5. Sex

Female

6. Twin or

Triplet

If so—born 1st

2nd or 3rd

7. Number months

9

8. Is mother

yes

FATHER OF CHILD

MOTHER OF CHILD

9. Full name *Harry Fromm**Margaret Lena Jensen*10. Color or race *White* 11. Age at time of birth *27 yrs.**23 yrs.*12. Birthplace *San Francisco, California*
(City, town or county) (State or foreign country)*Brigham City, Utah*13. Usual occupation *Civilian Pilot**Housewife*14. Industry or business *Trainer**Home*

21. Children born to this mother:

0

- (a) How many children of this mother are now living? *0*
 (b) How many other children were born alive but are now dead? *0*
 (c) How many children were born dead? *0*

22. Mother's mailing address for registration notice:

*312 Hubbard Avenue, Ogden, Utah*Was mother's blood tested serologically? *yes* Date *2/13/42*

If not, state why?

23. I hereby certify that I attended the birth of this child who was born at the hour of *8:13 P.M.* on the date above stated and that the information given was furnished by *Mrs. Margaret Fromm* related to this child as *mother*

Attendant's own signature *L. S. Merrill*M. D. (midwife, or other) *MD*Date signed *2/13/42*Address *Ogden, Utah*24. Date received by local registrar *February 20, 1942*25. Registrar's own signature *L. B. McQuarrie*

26. Give name added from supplemental report

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953, As Amended.

Date Issued: *JAN 14 1993**John E. Brockert*County *WEBER*

John E. Brockert

Registrar *E. Clark Nichols, MD*

DIRECTOR OF VITAL STATISTICS

By

Duane Hansen

LL 756748

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NOV 22 2002

PENSION



MAILING ADDRESS OF PARTIES

6952 Pampas Way, Fair Oaks, CA 95628

81 007446

MARRIAGE CERTIFICATE

State of Nevada
County of Douglas } ss.

Nº 91320

This is to Certify that the undersigned Minister of the Gospel
did on the 3rd day of October A.D. 19 81
at Lake Tahoe Wedding Chapel, Stateline, Nevada.
join in lawful Wedlock William David Freeman
of Sacramento State of California
and Kathleen Fromm McEwan Pessenden
of Sacramento State of California
with their mutual consent, in the presence of Stanley Schnackel
and Marion Schnackel who were witnesses.

Recorded at the Request of Michael Love
Date 10/13/81

In Book 1081 of Official Records, page 92
Douglas County, Nevada, Records.

Suzanne Beaudreau, Recorder.
Indexed Carol J. Elhart, Deputy.

Rev. Michael E. Love

(Sign this in official capacity.)

A CANNISTI & CO. OF NEVADA PRINT

TO BE GIVEN TO THE DOUGLAS COUNTY RECORDER

BOOK 1081 PAGE 92

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NOV 22 2002
PENSION

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Application for Benefits

William Freeman

Termination of Employment and Retirement

Please provide the following information regarding your final employment and retirement selection. Generally, the effective date of your retirement will be the first day of the month following the last day you worked, provided all eligibility requirements have been met and your timely application has been received at the Trust Fund Office.

Are you still working? Yes No

If YES, when do you anticipate will be your last day of work? _____

If NO, when was your last day of work? 10/29/2001 — since then on Disability

Please provide the name and phone number of the employer you were working for when you were last employed or who you anticipate working for on your last day of work:

Employer: Lasher Service Corp Phone: (916) 521-7180

Date you plan to retire: Immediately

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PENSION

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1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Application for Benefits

William Freeman

Retirement Type

Please check the appropriate box for the Type of Retirement for which you are applying. If it is determined that you qualify for a different type of retirement, which will provide you with a greater benefit, you will be informed. Please see the Summary Plan Description for a **summary** of each Retirement Benefit.

Please check only one box:

Normal Pension

A Normal Retirement Pension is available on or after reaching age 65 for a participant who has at least five (5) years of Credited Service which must include at least 24 months of Credited Future Service for which employer contributions have been made on behalf of the participant.

Unreduced Pension *My election* *MMR*

An Unreduced Pension at Age 62 is available on or after reaching age 62 for a participant who has a total of at least five (5) years of Credited Future Service for which employer contributions have been made on behalf of the participant OR

An Unreduced Rule of 85 Pension is available for a participant who's age and years of Credited Future Service, for which employer contributions have been made on behalf of the participant, when combined add up to 85 or greater.

Early Pension

An Early Retirement Pension is available upon reaching age 55 for a participant who has at least sixty (60) months of Credited Future Service for which employer contributions have been made in behalf of the participant.

Disability Pension

A Disability Retirement Pension is available at any age prior to Normal Retirement for a participant who qualifies as "Totally and Permanently" disabled under Plan rules and provided (1) he has completed five (5) years of Credited Service which must include at least 24 months of Credited Future Service for which employer contributions have been made on his behalf, and provided (2) that the disability occurred or originated while in covered employment or within six (6) months of termination of required employer contributions on his behalf.

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PENSION

I have completed this Pension Application and, to the best of my ability, complied with the Plan's requests and requirements. I agree to be bound by all Plan Rules and Regulations. I understand that I must notify the Trust Fund Office of any change in my address, marital, or employment status. I understand that a false statement may disqualify me for pension benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement.

William D Freeman
(Signature)

11/18/02
(Date)

250-56-5488
(Social Security Number)

Automotive Industries Trust Funds

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Personal Information

William Freeman

Social Security Number : ***-**-5488

Current Employment History

Starting with your most recent employment, please list any employers for whom you have worked in the last 12 months.

Start Date	Stop Date	Name of Employer	Location (City, State)	Type of Work	Job Classification
9/96	present	Lasher Service Corp	Sacramento CA	Mechanic	Foreman
5/94	8/96	Bear Country Chrysler Jeep	Sacramento CA	Auto Repair	Foreman
3/81	5/94	Swift Dodge	Sacramento CA	Auto Repair	Svc Mgr

Union Membership Information

Automotive Industries Trust Funds Initiation Date: 1/1/1972

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Please indicate any Local Unions in the industry with which you have been affiliated during your career.

NOV 22 2002

PENSION

Start Date	Stop Date	Union Local Name	Union Local Number	Union Membership/Registration Number
9/96	present	Local 2182 Machinists	2182	
7/75	2/81	Machinists	2182	
5/73	2/75	Machinists	2182	
1/72	5/73	Machinists	2182	

Automotive Industries Trust Funds

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Toll Free No. (800) 635 - 3105

Personal Information

William Freeman

Social Security Number : ***-**-5488

Military Leaves

Have you ever served in the United States Armed Services? Yes No

Did you perform work in Automotive Industries Trust Funds jurisdiction prior to entering the military? Yes No

If YES, please complete the following:

Employer Name

If YES, please enter the dates and branch below and submit a copy of your DD214:

Start Date	Stop Date	Service Branch

Upon discharge from active duty, did you return to work in the industry? Yes No

If YES, please complete the following:

Return Date	Employer Name

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NOV 22 2002

PENSION

Temporary Disability Leaves

Were there periods of temporary or partial disability that prevented you from working in the industry? Yes No

If YES, periods of temporary or partial disability may help in avoiding breaks in service (special rules apply). Please provide the following information if you were temporarily or partially disabled. You will be notified if additional information is required. Please list any periods of involuntary unemployment with dates, and reasons why.

Start Date	Stop Date	Nature of Disability
10/29/01	present	Lower lumbar and left sciatic nerve

Automotive Industries Trust Funds

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Personal Information

William Freeman

Social Security Number : ***-**-5488

Permanent Disability

Are you applying for Disability benefits? Yes No

If YES, are you totally and permanently disabled? Yes No

If YES, what was the date that you first became disabled? Enter date: _____

Have you applied for Social Security disability benefits? Yes No

If YES, and you have received an award from the Social Security Administration, please attach a copy of the award.

If your award from Social Security is pending, please advise.

N/A
not applying for
Disability pension

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NOV 22 2002
PENSION

I have completed this application and, to the best of my ability, complied with the requests of the Plan. I understand that this information will be used in the determination of eligibility, processing, and computation of various benefits that may be available to me. I understand that I must notify the Trust Fund Office of any change in my personal, marital, or employment status. I understand that a false statement may disqualify me for certain benefits and that the Board of Trustees shall have the right to recover any payments made to me because of a false statement.

Signature: William R Freeman

Date : 11/18/02

Automotive Industries Trust Funds

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Compensation History Form

July 10, 2002

William Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Social Security Number : ***-**-5488

Compensation History

To comply with Internal Revenue Service Code 415 (I.R.C. 415), please provide copies of your annual compensation statements (W2, 1099, Federal Tax Forms, State Tax Forms, etc.) for the five (5) consecutive years in which your compensation was highest. This information will be used to calculate benefit payment limitations in accordance with I.R.C. 415. Although we do not anticipate this to be a problem for most participants, we are required to collect it.

Year #	Reporting Year (1986, 1987, etc.)	Reporting Type (W2, 1099, etc.)
1		
2		
3		
4		
5		

Other Plan Participation

Also, in accordance with Internal Revenue Service Code 415, have you participated in any other Pension Plan with an employer that has **contributed to this Plan?** Yes No

If YES, and you will receive a distribution (payment) from that Plan, please provide the following:

Start Date:	Stop Date:	Type of Plan:
(mm/dd/yy)	(mm/dd/yy)	 Select One: <input type="checkbox"/> Defined Benefit <input type="checkbox"/> Defined Contribution
Employer:	 Select One: <input type="checkbox"/> Single-Employer <input type="checkbox"/> Multi-Employer	
Address:		
City:	State:	Zip Code:
Qualified Retirement Plan:		

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NOV 22 2002

PENSION

The information I have given above is true and correct to the best of my knowledge.

Signature: *William R. Freeman*

Date: *11/18/02*

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Annual Credit Confirmation

July 10, 2002

Social Security Number : ***-**-5488

William Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

The information listed below reflects annual actuarial credit information that the Trust Fund Office has received on behalf of your participation in the Pension Trust Fund for Automotive Industries.

Please review this information carefully as it will be used to calculate your benefit payments. When finished, please sign and date on page 2 of this form and return it to the Trust Fund Office. If there are any errors or omissions in the information provided, please circle the year and explain on the next page. Enclose any documentation (pay stubs, letters of reference, etc.) which will support your claim.

Year	Months	Credits	Benefits	Year	Months	Credits	Benefits	Year	Months	Credits	Benefits
1974	33.00	.00	\$32.38	1995	0.00	.00	\$0.00				
1975	9.00	.00	\$11.00	1996	4.00	.00	\$20.00				
1976	12.00	.00	\$18.75	1997	12.00	.00	\$60.00				
1977	12.00	.00	\$19.50	1998	12.00	.00	\$60.00				
1978	10.00	.00	\$16.75	1999	12.00	.00	\$60.00				
1979	12.00	.00	\$21.00	2000	12.00	.00	\$71.25				
1980	12.00	.00	\$21.00	2001	0.00	.00	\$0.00				
1981	3.00	.00	\$5.25	2002	0.00	.00	\$0.00				
1982	0.00	.00	\$0.00								
1983	0.00	.00	\$0.00								
1984	0.00	.00	\$0.00								
1985	0.00	.00	\$0.00								
1986	0.00	.00	\$0.00								RECEIVED
1987	0.00	.00	\$0.00								NOV 22 2002
1988	0.00	.00	\$0.00								PENSION
1989	0.00	.00	\$0.00								
1990	0.00	.00	\$0.00								
1991	0.00	.00	\$0.00								
1992	0.00	.00	\$0.00								
1993	0.00	.00	\$0.00								
1994	3.00	.00	\$11.25								

Total: 158.00 0.00 \$428.13

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Annual Credit Confirmation

William Freeman

Social Security Number : ***-**-5488

Vesting Provisions

Starting January 1, 1997, you become fully vested when you have a total of five (5) years of credited service, if:

- (1) at least 24 months of the five (5) years is credited future service, and
- (2) you earned at least one (1) hour of service on or after January 1, 1997.

If you don't meet these requirements you become fully vested when you have a total of 10 years of credited service and at least 24 months of the total is credited future service. Non-bargaining employees become vested after completing five (5) years of credited service with one (1) hour of service on or after January 1, 1989.

If you reach your Normal retirement age before you meet the normal vesting requirements, you will automatically become vested. Your Normal retirement age is the date you reach age 65 or, if later, the date you have been a Plan participant for five (5) years.

Additional Hours or Credits

Please detail the year you believe you may have additional hours or credits.

Year	Explanation	RECEIVED NOV 22 2002 PENSION

The information I have given above is true and correct to the best of my knowledge.

Signature : 

Date : 11/18/02

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Application for Benefits

July 10, 2002

**William Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621**

Past Service Employment

List below all employment before your Contribution Date when you were working for an employer who subsequently became a contributing employer to this Pension Trust Fund for Automotive Industries, or when employed on work of the type or kind covered by labor agreements of Automotive Industries in effect on 01/01/1955. This information is important to determine whether or not you are entitled to Credited Service under the terms of the Pension Plan for any period prior to your initial contribution date.

Start Date	Stop Date	Employer Name and Address	Type of Work	Union Local
3/1964	8/1965	OK Tire Stores	Mechanic	n/a
8/1965	1/1972	Joe Maher Fireston	Mechanic	n/a

Current Trust Fund records indicate the following:

Year of First Contribution 1974

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NOV 22 2002
PENSION

Related Employment

List below any period that you worked in the industry in the geographic jurisdiction of Automotive Industries in a position which did not require contributions to this Plan (such as an Owner or Supervisor.)

Special rules may apply that count toward vesting credit or may help in avoiding a break in service. Please list this service below:

Start Date	Stop Date	Employer Name and Address	Position
3/1964	8/1965	OK tire Stores	Mechanic
8/1965	1/1972	Joe Maher Firestop	

Pension Trust Fund for Automotive Industries

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Pension - Application for Benefits

William Freeman

Reciprocal Employment

Reciprocal Service credit(s) from Related Pension Plans, or work in other Automotive Industries jurisdictions, may count toward vesting service or may help avoid a break in service from this plan. If you worked in a jurisdiction that has a reciprocity agreement with this pension plan, please list your service below:

Start Date	Stop Date	Employer Name and Address	Local Union

Non-Industry Employment

So that your work history records are complete, were there periods when you worked for an employer not covered under this plan?



Yes

No

*other than what was listed on
previous page*

Start Date	Stop Date	Employer Name and Address

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NOV 22 2002
PENSION

Automotive Industries

APPLICATION FILE SETUP

App# 17228 SS # 250-56-5488 Application Received Date: 11/22/02

Pension / Vesting / Death / QDRO freeman, William
 (Oracle N/A- Enter on Inventory) Last Name First Name

	<u>Date</u>	<u>Initials</u>
1. Check for Correspondence/Files (Bind application in existing or new folder)	<u>12/13/02</u>	<u>ewj</u>
2. Copy all original documents and paperclip originals to inside cover of file. Do not stamp any originals.	<u>12/13/02</u>	<u>ewj</u>
3. Check for Work History & Denial Fiche, tape to inside cover of file.	<u>12/17/02</u>	<u>ewj</u>
4. ORACLE / PTS	<u>12/18/02</u>	<u>ewj</u>
5. From SMFN (Summary File Maintenance) Search both by SS & Alpha Plan entry Date Before 1975 <input checked="" type="radio"/> Yes <input type="radio"/> No If yes check fiche for contributions Plan Entry Date: <u>1/1972</u>	<u>12/18/02</u> <u>12/18/02</u>	<u>ewj</u> <u>ewj</u>
6. Send out Acknowledgement letter from PTS	<u>12/18/02</u>	<u>ewj</u>
7. Type and orange label for the file Red Stripe: Retirement Black Stripe: Death No Stripe Estimate	<u>12/18/02</u>	<u>ewj</u>
8. Deposit file in processing box	<u>12/18/02</u>	<u>ewj</u>
9. Date file was given to Processor	<u>1/9/03</u>	<u>ewj</u>

Comments: _____

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Application Acknowledgement Letter

December 18, 2002

Social Security Number : ***-**-5488

William D Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

COPY

Dear Mr. Freeman :

This will acknowledge receipt of your application for pension benefits. You will be notified within the next few weeks if additional documentation is required to complete the processing of your application. The following documents have been received by the Trust Fund office.

Defined Benefits Application for Benefits (Received: 11/22/2002)

Social Security Administration Authorization Form (Received: 11/22/2002)

Annual Credit Confirmation (Received: 11/22/2002)

If you have any questions regarding your application for benefits, please contact the Pension Department at the Trust Fund Office.

Sincerely,

Pension Department

Automotive Industries Trust Funds

**1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105**

July 10, 2002

Social Security Number : *-**-5488**

**William Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621**

Dear Mr. Freeman :

As requested, attached is an application for Pension benefits. Also provided is your personal data currently on file at the Trust Fund Office.

To avoid delays in processing, selection, and payment of your benefits, please follow the instructions as carefully and completely as possible. Make any corrections to the information provided in the appropriate areas of the application. Submit your completed application(s) and supporting documents 12 weeks prior to your anticipated retirement date.

The following packets are enclosed:

- 1. Personal Information Packet**
- 2. Pension Trust Fund for Automotive Industries (Pension) Application Packet**

IMPORTANT: Proofs of your age, spouse's age, marriage, and disability (if applicable) are required by Federal Law and/or Plan Rules. If you have ever been divorced, you must submit a copy of your Final Judgement(s) of Dissolution of Marriage along with property agreements or Qualified Domestic Relations Order(s). Enclose these documents with the completed application(s). You may submit your application(s) without these documents and submit them at a later date. However, benefits cannot be issued until these documents are received and processed.

Upon receipt, your completed and signed application(s) will be reviewed by the Trust Fund Office. You will receive a written acknowledgement advising you if any additional information is required.

When your application has been approved, you will receive a packet of information about the payment options available to you.

Enclosed you will also find a retirement planning guide which has been provided by the Board of Trustees to assist you in your retirement.

If you have any questions, please contact the Trust Fund Office at the number listed above.

**RECEIVED
NOV 22 2002**

Sincerely,

PENSION

Pension Department

Pension Trust Fund for Automotive Industries

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

Pension - Application

July 10, 2002

Social Security Number : 250-56-5488

William Freeman
6818 Flaming Arrow Drive
Citrus Heights, CA 95621

Dear Mr. Freeman :

Per your request, we have enclosed the information necessary to begin the application process for pension benefits from the Pension Trust Fund for Automotive Industries.

To avoid delays in processing and payment of your benefits, please follow the instructions as carefully and completely as possible. Please submit your completed application with all supporting documents 12 weeks prior to your anticipated retirement date.

IMPORTANT Proofs of your age, spouse's age, marriage, and disability (if applicable) are required by Federal Law and/or Plan Rules. If you have ever been divorced, you must submit a copy of your Final Judgement(s) of Dissolution of Marriage along with property settlement(s) or Qualified Domestic Relations Order(s). **Attach them to this application before mailing** if available. You may submit your application without these Documents and submit them at a later date. **However, benefits cannot be issued until these documents are received and processed.**

Upon receipt of your completed and signed application, it will be reviewed by the Trust Fund Office. You will receive a written acknowledgement advising you if any additional information is required.

When your application has been approved, you will receive a packet of information about the choices you have in receiving payment of your pension benefits.

Enclosed you will also find a retirement planning guide which has been provided by the Board of Trustees to assist you in your retirement.

If you have any questions, please contact the Trust Fund Office at the number listed above.

Sincerely,

RECEIVED
NOV 22 2002
PENSION

Pension Department

Pension Trust Fund for Automotive Industries

1640 South Loop Road

Alameda, CA 94502

Telephone No. (510) 836 - 2484

Toll Free No. (800) 635 - 3105

Pension - Authorization to obtain Earnings Data from the Social Security Administration

Name: William Freeman

PRIVACY ACT STATEMENT:

Section 205 (c) (2) (A) of the Social Security Act allows us to ask for the information you give us on this form. The information is needed so that the Social Security Administration can quickly identify your record or the record of the deceased individual who is the subject of a request you are making and prepare the earnings statement you want. You do not have to give us this information. However, without the information we may not be able to process your request. The information you provide will be used primarily for issuing the earnings statement you request. The information you provide may be given out if a Federal law requires that we give out the information; if a Congressman or the President's office needs this information to answer questions you ask them; or the Department of Justice needs the information for investigating or processing violations of the Social Security Act.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it.

Explanation about these and other reasons why information about you may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

PAPERWORK REDUCTION ACT STATEMENT:

This information collection meets the clearance requirements of 44 U.S.C Paragraph 3507, as amended by Section 2 of the Paperwork Reduction Act of 1995. You are not required to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take you about 2 minutes to read the instructions, gather the necessary facts, and answer the questions.

RECEIVED
NOV 22 2002
PENSION

Automotive Industries Trust Funds

1640 South Loop Road
Alameda, CA 94502
Telephone No. (510) 836 - 2484
Toll Free No. (800) 635 - 3105

Personal Information

William Freeman

Social Security Number : ****-**-5488

Official Documents

The following documents must be submitted to the Trust Fund Office before benefits can be paid.

1. Proof of your age.
2. If currently married, proof of your spouse's age and social security number.
3. If currently married, proof of marriage.
4. If previously married and divorced or separated, any and all Qualified Domestic Relations Orders (Divorce papers) including Property Settlement Statements.
5. If disabled, proof of your disability (Full Disability requires Social Security Disability Award; Partial Disability requires 2 Physician's Statements - Forms are available from the Trust Fund Office)

Incorrect, incomplete, or missing information for the above will delay processing of your benefit.

Proof of Age of Participant / Spouse

Provide any of the following records as indicated for you and your spouse's proof of age. Copies are generally acceptable except as noted below. If you submit original documents, they will be returned by certified mail.

I. ONE OF THESE IS REQUIRED :

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 U.S. 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. (Copies not permitted; **submit original**).
9. Immigration papers. (Copies not permitted; **submit original**).

II. IF NONE OF THE ABOVE IS AVAILABLE, THEN TWO OF THE FOLLOWING ARE REQUIRED

RECEIVED

NOV 22 2002

PENSION

10. Military Record.
11. Passport (U.S. Passports may not be copied; **submit original**).
12. School records, certified by the custodian of such record.
13. Vaccination record, certified by the custodian of such record.
14. An insurance policy which shows the age or date of birth.
15. 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).
16. Other evidence such as signed statements from persons who have knowledge of the date of birth.
17. Letter from Social Security stating your date of birth as shown on their records.

- Note -

*Be sure that name(s) prior to marriage agrees with proof of age.
If not, provide a written explanation and documentation.*