

# PENSION FUND OF INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS' LOCAL #131

---

## APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A COPY OF YOUR MARRIAGE CERTIFICATE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.

---

### TO BE COMPLETED BY BENEFICIARY

Name of Deceased Participant \_\_\_\_\_

Social Security # \_\_\_\_\_ Local Union # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_

Cause of Death \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Date Worked \_\_\_\_\_ Name of Last Employer \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_  
\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birthday of Beneficiary \_\_\_\_\_

Social Security # of Beneficiary \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Date \_\_\_\_\_ Signature of Beneficiary \_\_\_\_\_