

EIGHTH DISTRICT ELECTRICAL PENSION FUND**APPLICATION FOR LUMP SUM DEATH BENEFIT****APPLICATION FOR LUMP SUM DEATH BENEFITS**

As Legal Beneficiary of _____, a Participant in the Eighth District Electrical Pension Fund, who died on _____, I hereby make application for the Survivor Benefit which may be payable under the Pension Fund because of his/her election and participant thereunder.

Personal Information Regarding Deceased Participant:

Full Name: _____ SSN: _____

Home Address: _____

Date of Birth: _____ Local Union #: _____

Last Date Worked: _____ Name of Last Employer: _____

Beneficiary – Personal Data:

Full Name: _____ SSN: _____

Complete Address: _____

Relationship to Deceased _____ Phone Number: _____

I hereby certify that the above information is, to the best of my belief and knowledge true and complete. Before final action is taken on this application, I understand it will be necessary for me to provide the Trustees with a Certificate of Death, along with any other necessary documentation as requested by the Fund Office. I also understand that completion of this application does not guarantee that I am entitled to a benefit from this Fund.

Date _____

Signature of Beneficiary _____