



ADMINISTRATIVE OFFICES

HEALTH & WELFARE, PENSION AND DEFINED CONTRIBUTION

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ARIZONA PIPE TRADES PENSION TRUST FUND **DEATH BENEFIT APPLICATION**

REGARDING PARTICIPANT

1. Name of Participant: _____
2. Social Security No. _____ Local Union No.: _____
3. Date of Birth: _____ (Attach a copy of birth certificate)
4. Date of Death: _____ (Attach a copy of death certificate)
5. Approximately what year did the Participant begin his/her employment with Arizona Pipe Trades:

6. Last Date Employed: _____ Employer: _____

REGARDING BENEFICIARY

1. Name of Beneficiary: _____
2. Relationship: _____
2. Date of Birth: _____ Social Security No.: _____
(Attach proof that you are the legal spouse or dependent of the deceased and proof of age)
3. Address: _____

4. Phone No.: _____

I hereby apply for the Death Benefits from the Arizona Pipe Trades Pension Trust Fund which is payable to the beneficiary of the above named Participant.

I certify that I am the Legal Beneficiary of the above named at the time of his/her death. I understand that a false statement may disqualify me for any benefits under the Arizona Pipe Trades Pension Trust Fund and that the Trustees have the right to recover payments made to me because of false statement.

Signed: _____

Date: _____