



IBEW LOCAL 595 TRUST FUNDS



APPLICATION FOR PRERETIREMENT DEATH BENEFIT

As the beneficiary of _____, an IBEW Local 595
(Participant's Name)

Participant, who died on _____, I hereby make an application for any
(Date of Death)

pension benefits which may be payable to me under the IBEW Local No 595 Pension Plan.

Participant Information

Full Name: _____ Social Security: _____

Date of Birth: _____

Beneficiary Information

Full Name: _____ Social Security: _____

Address: _____

Date of Birth: _____ Phone: _____

Pension benefits which may be payable under the Pension Plan will be mailed to the beneficiary at the above address, unless otherwise indicated.

I hereby certify that I am the beneficiary of _____, and that the above information, to the best of my knowledge and belief, is true and complete. **Before final action is taken on this application, I understand it will be necessary for me to provide the Administration office with a Certificate of Death of the deceased member, my photo ID and birth certificate.**

Beneficiary Signature

Date

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