



## IBEW LOCAL 595 TRUST FUNDS



### APPLICATION FOR 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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