



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

7180 Koll Center Parkway, Suite 200, Pleasanton, CA 94566 • P O Box 3420 • San Ramon, CA 94583
Phone 925-208-9996 • Toll Free 888-512-5863 • Fax 925-362-8564
www.ibew595benefits.org • staff@ibew595benefits.org