



WESTERN WASHINGTON GLAZIERS PENSION TRUST

BENEFICIARY AFFIDAVIT

(FORM MUST BE NOTARIZED)

State of _____, County of _____

_____ being first duly sworn, deposes and states that he/she is the _____
(Name) (Relationship)

of _____. I declare that the deceased was, in his/her lifetime, a member of the **Western Glaziers**
(Name of deceased)

Retirement Trust Fund, and is the identical person named in the Death Certificate which is attached and made a part of this affidavit, and that the surviving relatives of the deceased on the date of his death are listed below.

Name

Address

Phone Number

Spouse _____

Ex-Spouse 1) _____

2) _____

Children 1) _____

2) _____

3) _____

4) _____

Parents _____

Siblings _____

Affiant's Signature

Date Signed

Subscribed and sworn before me, this _____ day of _____, 20____

Signature of Notary Public _____

PLACE NOTRIAL SEAL HERE

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