



WESTERN WASHINGTON PAINTERS PENSION TRUST

DEATH BENEFIT APPLICATION

DECEDENT INFORMATION:

Name _____
Last _____ First _____ Middle _____
Previous Name (if any) _____ Date Changed _____

Mailing Address _____
Street Number _____ City _____ State _____ Zip Code _____
Social Security # _____ Birth Date _____
Local Union _____ Gender: Male Female Death Date _____
Marital Status: Married Separated Divorced Widowed Single

APPLICANT INFORMATION:

Name _____
Last _____ First _____ Middle _____
Previous Name (if any) _____ Date Changed _____
Social Security # _____ Phone # _____
Mailing Address _____
Street Number _____ City _____ State _____ Zip Code _____
Birth Date _____ Relationship to Decedent _____

List the name, address and phone number of the Decedent's current spouse if the spouse is not the Applicant listed above:

List the name, address and phone number of all the Participant's prior spouse(s):

The Applicant shall furnish, at the request of the Trustees, any additional information or proof reasonably required to determine his/her benefit rights. If the Applicant willfully makes a false statement material to an application or furnishes fraudulent information or proof material to his/her claim, or fails to provide the notifications required, benefits under this Plan may be denied, suspended, or discontinued. The Trustees shall have the right to recover any benefit payments made in reliance on any willfully made false or fraudulent statement(s), information, or proof submitted by the Applicant.

DECLARATION:

I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Applicant's Signature

Date

APPLICANT'S SIGNATURE MUST BE NOTARIZED

Subscribed and sworn to before me this _____ day of _____, 20 _____
_____, Notary Public in and for the State of _____
residing in _____. My commission expires on _____

DOCUMENTS REQUIRED TO ESTABLISH APPLICANT'S ENTITLEMENT TO BENEFITS INCLUDE:

1. Death Certificate of Deceased Participant.
2. Marriage Certificate of Deceased Participant and spouse.
3. Any / all Divorce Decree(s) and Property Settlement(s) of Deceased Participant and any prior spouse (This might include a Qualified Domestic Relations Order).
4. Applicant's Photo ID with signature.
5. Applicant's Birth Certificate and/or Adoption Papers.
6. Birth Certificate of Deceased Participant.
7. Proof of Guardianship identifying guardian of minor (under 18) child(ren) whose parent was the Deceased Participant.
8. Certificate of Qualification Naming Executor to Deceased Participant's Estate.

If Applicant is the SPOUSE of the Participant:

Include documents numbered 1, 2, 3, 4, 5 and 6.

If Applicant is the DIVORCED SPOUSE of the Participant:

Include documents numbered 1, 2, 3, 4, 5 and 6.

If Applicant is the NATURAL OR ADOPTED CHILD of
the Participant (#7 required if minor child):

Include documents numbered 1, 3, 4, 5, 6 and 7.

If Applicant is the PARENT of the Participant:

Include documents numbered 1, 3, 4, 5 and 6.

If Applicant is the BROTHER OR SISTER of the Participant:

Include documents numbered 1, 3, 4, 5 and 6.

If Applicant is the GRANDPARENT, UNCLE, OR AUNT
of the Participant:

Include documents numbered 1, 3, 4, 5 and 6.

If Applicant is the EXECUTOR of the Participant's Estate:

Include documents numbered 1, 3, 4, 6 and 8.

Please provide photo copies of the required documentation. If any of the above listed documents are unavailable, please include any documents that establish the deceased Participant's relationship to the Applicant.