

**TIMBER OPERATORS COUNCIL, INC. — I.W.A. PENSION PLAN
AND TRUST**

APPLICATION FOR POST RETIREMENT DEATH BENEFITS

Important Information: Please be sure to **sign and date this form in the presence of a notary republic** and return it to the address above with a **copy of the death certificate**.

Retiree Information:

Name of Deceased: _____ Social Security #: _____

Date of Death: _____ Date of Birth: _____

Spouse/Beneficiary Information:

Full Name of Spouse/Beneficiary: _____

Your Relationship to the Deceased Retiree: _____ If spouse, Date of Marriage

Date of Birth: _____ Soc. Sec. # _____ Phone# (_____)

Address:

Street Address _____ City _____ State _____ Zip _____

Signature of Spouse/Beneficiary: _____ Date: _____

Notary Public Acknowledgement:

State of _____

County of _____

On this _____ day of _____, 20_____, before me, _____

A Notary Public for the State of _____, personally appeared _____.

Personally, known to me (or proved to me based on satisfactory evidence) to be the person whose name is
subscribed to the within instrument and acknowledged to me that by his/her signature on the instrument executed
the same.

Notary's Signature: _____ Official Seal: _____