

EIGHTH DISTRICT ELECTRICAL PENSION FUND

APPLICATION FOR SURVIVING SPOUSE

As the Surviving Spouse of _____, a Retiree in the Eighth District Electrical Pension Fund, who died on _____, I hereby make application for the Survivor Benefit which may be payable under the Pension Fund because of his/her election and participant thereunder.

Deceased Retiree – Personal Data:

Full Name: _____ SSN: _____

Home Address: _____

Date of Birth: _____ Local Union #: _____

Last Date Worked: _____ Name of Last Employer: _____

Surviving Spouse – Personal Data:

Full Name: _____ SSN: _____

Complete Address: _____

Phone Number _____ Alternate Phone Number: _____

I hereby certify that the above information is, to the best of my belief and knowledge true and complete. Before final action is taken on this application, I understand it will be necessary for me to provide the Trustees with a Certificate of Death, along with any other necessary documentation as requested by the Fund Office. I also understand that completion of this application does not guarantee that I am entitled to a benefit from this Fund.

Date

Signature of Spouse

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Please submit the following documents with your application for benefits (only those with a check mark are necessary to process your application):

- Death Certificate
- Your Birth Certificate
- Birth Certificate of the Participant
- Marriage Certificate (if your last name has changed since birth, or you are the spouse of the deceased)
- Copy of your current driver's license or current state I.D. (with photo)
- Copy of your Social Security Card
- If the deceased has ever been divorced or legally separated, please submit a complete copy of any Judgment(s) of Divorce and Qualified Domestic Relations Orders (including Separation Agreements, Property Settlement Agreements and any similar or related orders with any attachments).
- If the deceased ever served in the military or other uniformed services of the United States, please submit copies of induction and discharge papers and the Credit for Uniformed Service for the United States Form. If the deceased never served, please indicate so in a brief, written statement.