

**IBEW LOCAL 9 ANDLINE CLEARANCE
CONTRACTORS 401K RETIREMENT PLAN
HEALTH AND WELFARE FUND AND/OR PENSION FUND**

APPLICATION FOR MEMBER DEATH BENEFIT

WHEN COMPLETED IN FULL, MAIL TO THE FUND OFFICE TOGETHER WITH A CERTIFIED COPY OF THE DEATH CERTIFICATE, AFFIDAVIT DECLARING MARITAL STATUS, A COPY OF YOUR MARRIAGE CERTIFICATE AND BIRTH CERTIFICATE. IF ADDITIONAL INFORMATION IS NECESSARY, THE FUND OFFICE WILL NOTIFY YOU.

TO BE COMPLETED BY BENEFICIARY

Name of Deceased Participant _____

Social Security # _____ Local Union # _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Last Date Worked _____ Name of Last Employer _____

Name of Beneficiary _____

Address of Beneficiary _____

City _____ State _____ Zip _____

Birthday of Beneficiary _____

Social Security # of Beneficiary _____

Relationship to Deceased _____

Date _____ Signature of Beneficiary _____

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