

OUTSTATE MICHIGAN TROWEL TRADES' PENSION FUND

APPLICATION FOR PRE-RETIREMENT DEATH & SURVIVOR'S BENEFITS

AFTER COMPLETING THIS APPLICATION, IN FULL, PLEASE SUBMIT IT TO THE FUND OFFICE WITH A COPY OF THE DEATH CERTIFICATE, AFFIDAVIT DECLARING SURVIVOR OR MARITAL STATUS, BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE IF COMPLETED BY SURVIVING SPOUSE OR DAUGHTER.

TO BE COMPLETED BY BENEFICIARY

NAME OF DECEASED _____

SOCIAL SECURITY NUMBER _____ LOCAL UNION NO. _____

DATE OF BIRTH _____ DATE OF DEATH _____

CAUSE OF DEATH _____

LAST DATE WORKED _____ NAME OF LAST EMPLOYER _____

NAME OF BENEFICIARY _____
(FIRST NAME) (MIDDLE INITIAL) (LAST NAME)

BENEFICIARY'S SOCIAL SECURITY NUMBER _____

ADDRESS OF BENEFICIARY _____

_____ CITY STATE ZIP CODE

DATE OF BIRTH _____ RELATIONSHIP TO INSURED _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS, TO THE BEST OF MY BELIEF AND KNOWLEDGE, TRUE AND COMPLETE.

DATE _____ SIGNATURE OF BENEFICIARY _____