



STATEMENT OF CLAIM FOR DEATH BENEFITS

INSTRUCTIONS

To the person/persons qualifying as beneficiary,
 In order to effect settlement, the Trust office will require completion of SECTIONS I and II , a certified copy of death certificate bearing seal of issuing office and newspaper notice if available.

**SECTION I
 (Please print)**

In connection with the death of _____ Social Security No. _____
 Date of Birth _____ Last Day Worked _____ Employer _____
 Home Local No. _____ Reg. No.(s) _____ Date of Death _____

I/we hereby make claim for all proceeds which may be due; I/we have never applied before or received a benefit from the Central Pension Fund and certify my/our name(s) to be:

(1)	_____	_____	_____	_____
	Name	SSN	Relationship	Date of Birth
	_____			_____
	Address			Telephone #
(2)	_____	_____	_____	_____
	Name	SSN	Relationship	Date of Birth
	_____			_____
	Address			Telephone #
(3)	_____	_____	_____	_____
	Name	SSN	Relationship	Date of Birth
	_____			_____
	Address			Telephone #
(4)	_____	_____	_____	_____
	Name	SSN	Relationship	Date of Birth
	_____			_____
	Address			Telephone #

	Signature	Dated
For each beneficiary sign here		
(1)	_____	_____
(2)	_____	_____
(3)	_____	_____
(4)	_____	_____

Section II

PREFERENCE BENEFICIARY'S AFFIDAVIT

Must be Notarized

State or Province of _____

County of _____

I, _____, residing at _____

(City or Town)

(State or Province)

(Zip)

being first duly sworn, depose and state:

A. Named Beneficiary Of Record That I am the Named Beneficiary of Record of the deceased person named in Section I. _____ (Signed)

B. Widow Or Widower That I am the surviving spouse of the deceased person named in Section I. _____ (Signed)

C. Son Or Daughter That the deceased person named in SECTION I left no surviving spouse; that I am a child of the deceased; and that the deceased left no surviving children other than myself and those listed in Section I. _____ (Signed)

D. Father Or Mother That the deceased person named in SECTION I left no surviving spouse or child; that I am a parent of the deceased; and that the other parent is listed in Section I. _____ (Signed)

E. Brother Or Sister That the deceased person named in SECTION I left no surviving spouse, child or parents; that I am the brother/sister of the deceased; and that the deceased left no surviving brothers or sisters other than myself and those listed in Section I. _____ (Signed)

F. Executor Or Administrator That the deceased person named in SECTION I left no surviving spouse, child, parent, brother or sister; and that I am the executor or administrator of the estate of the deceased _____ (Signed)

Subscribed and sworn to before me this _____ day of _____

(SEAL)

Notary Public or other official authorized to administer oaths.

My commission or term expires _____