Northwest Ironworkers Trust Funds

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Administered by
Welfare and Pension Administration Service, Inc.

APPLICATION FOR DEATH BENEFIT

Please print or type the following.

1. Name of Deceased Member _____ 2. Soc. Sec. #_____
3. Home Address _____
   Street City State Zip Code
4. Date of Death _____ 5. Date of Birth _____6. Union Local No. _____
7. Marital Status of Deceased Member: ☐ Never Married ☐ Married ☐ Widowed ☐ Separated ☐ Divorced*
   *If the member's marriage was dissolved after December 31, 1984, it is required that you attach a copy of the Dissolution Decree and property settlement agreement and/or Qualified Domestic Relations Order (QDRO).
8. Name of Deceased Member's Last Employer _____
9. Deceased Member's Last Date of Employment _____

Enclosed herewith is a copy of the Death Certificate.

To be completed by Beneficiary:

Name of Beneficiary _____ Relationship _____

Address of Beneficiary _____
Street City State Zip Code

Soc. Sec. # _____ Birth Date _____ Phone Number _____

NOTARIZATION
Subscribed and sworn to before me
this_____ day of _____, 20 _____

_____
Notary Public in and for the State of_____
Residing at_____

I hereby certify that I am the lawful beneficiary of the deceased.

Signature _____

Date _____

DO NOT WRITE BELOW THIS LINE

Total Benefit = _____.

Computed By: _____ Date: _____
Checked By: _____ Date: _____
Administrator: _____ Date: _____ 20_____

If the value of your distribution is $5,000 or more, the Trust is required by the Plan Document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be sent to you upon receipt of your application.