

# 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 \_\_\_\_\_  

StreetCityStateZip 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 \_\_\_\_\_
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### Enclosed herewith is a copy of the Death Certificate.

To be completed by Beneficiary:

- Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_
- Address of Beneficiary \_\_\_\_\_  

StreetCityStateZip Code
- Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

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| <b>NOTARIZATION</b><br><i>Subscribed and sworn to before me</i><br>this _____ day of _____, 20 ____<br>_____<br><i>Notary Public in and for the State of</i> _____<br><i>Residing at</i> _____ |
|--|

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

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE

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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.**