

# Northwest Ironworkers Retirement Trust

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Administered by  
 Welfare & Pension Administration Service, Inc.

## APPLICATION FOR DEATH BENEFIT

*Please print or type the following information. Please note an incomplete form may delay your death benefit process:*

1. Name of Deceased Member \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_
3. Mailing 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\*\*    Date of Divorce \_\_\_\_\_

**\*\*If the marriage(s) was dissolved after December 31, 1984, the election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of the member's prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.**

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, a copy of the Member's Birth Certificate, a copy of my Birth Certificate, and copies of any and all of my Marriage Certificates (Marriage Certificates only necessary if Beneficiary's name has changed).**

*To be completed by Beneficiary:*

- Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_
- Address of Beneficiary \_\_\_\_\_  
Mailing Address City State Zip Code
- Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_
- Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

By signing below, I hereby certify that I am the lawful beneficiary of the deceased.

<p><b>NOTARIZATION OF BENEFICIARY SIGNATURE</b>                  Subscribed and sworn to before me this _____                  day of _____, 20____.</p> <hr/> <p><b>Notary Public Signature</b>                  Notary Public in and for the State of _____                  Residing at _____                  My commission expires: _____</p>	<p><b>NOTARY SEAL</b></p>	<p>_____                  Beneficiary's Signature</p> <hr/> <p>_____                  Print Beneficiary's Name</p> <p>Mailing Address: _____                  _____                  _____</p>
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- Computed by: \_\_\_\_\_ Date: \_\_\_\_\_
- Checked by: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE: Attach copy of documentary proof of age so specified on the reverse side.**

**DOCUMENTS ACCEPTABLE AS PROOF OF AGE (See Note.)**

**A) A copy of one of the following documents will be acceptable as proof of age:**

1. State Issued Birth Certificate
2. Baptismal Certificate

**B) If neither of the preceding are available, copies of any TWO of the following may be submitted:**

1. U.S. Census Report (at least 20 years old)
2. Passport - *may not be photocopied or expired*
3. Naturalization or Immigration Papers - *may not be photocopied*
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. State Issued Driver's License with photo – *must be current - may not be expired*

***NOTE: All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.***