

Indiana Laborers Pension Fund Application for Death Benefits

TO: The Board of Trustees

I hereby apply for the following Death Benefit:

LUMP SUM DEATH BENEFIT

50% SURVIVOR BENEFIT (spouse only)

PERSONAL INFORMATION:

1) Member's Full Name: _____ Member's SSN: _____

2) Beneficiary Name: _____ Beneficiary SSN: _____

3) Beneficiary Address _____
Street City State Zip

4) Beneficiary Phone: (_____) _____ Beneficiary Birth Date: ____/____/____
Mo. Day Year

I represent that all the above information is true. I also understand it will be necessary for me to provide the Trustees with proof of eligibility, plus any other documentary proof before final action can be taken on this application.

All benefit payments for pensions with pension starting dates or pension reinstatement dates occurring on or after January 1, 2010 shall be made to recipients by direct deposit to the recipient's bank account.

Date _____

Signature of Beneficiary (Guardian if Beneficiary is a Minor)

