

Western States Office and Professional Employees Pension Fund

APPLICATION FOR DEATH BENEFITS

Complete this application if you are applying for a Death Benefit. Please PRINT or TYPE all information and answer all questions fully. Be sure to sign and date the application and include a certified copy of the participant's death certificate before mailing to the Pension Trust Office.

GENERAL INFORMATION

Participant Name: _____
(Last) (First) (Middle)

Participant SS#: _____ Date of Death: _____

Claimant's Name: _____

Claimant's SS#: _____ Relationship to Participant: _____

Claimant's Address _____
Number and Street

City State Zip Code

Phone Number: _____ Date of Birth: _____ E-mail: _____

DESIGNATION OF BENEFICIARY

I hereby designate the following individuals to receive any payment under the Plan which may be due in the event of my death:

Name: _____

Address: _____

Relationship: _____ Date of Birth: _____

Social Security No.: _____ Phone Number: _____

I hereby apply for a death benefit from the above referenced Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payment made to me because of false statement.

Date: _____ Signature: _____

Administered by A&I Benefit Plan Administrators, Inc.
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(503) 222-7694 (800) 413-4928 Fax (503) 228-0149
<http://wsp.aibpa.com>