

MICHIGAN ELECTRICAL EMPLOYEES' PENSION FUND

APPLICATION FOR PRE-RETIREMENT DEATH & SURVIVOR'S BENEFITS

AFTER COMPLETING THIS APPLICATION, IN FULL, PLEASE SUBMIT IT TO THE FUND OFFICE WITH A COPY OF THE DEATH CERTIFICATE, AFFIDAVIT DECLARING SURVIVOR OR MARITAL STATUS OR NEXT OF KIN, BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE IF COMPLETED BY SURVIVING SPOUSE OR DAUGHTER.

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TO BE COMPLETED BY BENEFICIARY

FULL NAME OF DECEASED _____

SOCIAL SECURITY NUMBER _____ LOCAL UNION NO. _____

DATE OF BIRTH _____ DATE OF DEATH _____

CAUSE OF DEATH _____

LAST DATE WORKED _____ NAME OF LAST EMPLOYER _____

FULL NAME OF BENEFICIARY _____

BENEFICIARY'S SOCIAL SECURITY NUMBER _____

COMPLETE PHYSICAL ADDRESS OF BENEFICIARY _____

PHONE # _____

DATE OF BIRTH _____ RELATIONSHIP TO PARTICIPANT _____

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS,
TO THE BEST OF MY BELIEF AND KNOWLEDGE,
TRUE AND COMPLETE.

DATE

SIGNATURE OF BENEFICIARY