



**CENTRAL STATES
SOUTHEAST AND
SOUTHWEST AREAS
PENSION FUND**

FOR OFFICE USE ONLY	
LUMP SUM	_____
60 Month Continuation	_____
Joint and Survivor	_____

APPLICATION FOR DEATH BENEFIT: AFTER RETIREMENT
COMPLETE THIS APPLICATION ONLY WHEN PARTICIPANT WAS ALREADY RECEIVING A PENSION BENEFIT

PRINT OR TYPE ALL INFORMATION

APPLICATION DATE _____

Section 1 – DEATH OF PENSIONER

COMPLETE ONLY WHEN DECEASED WAS A PENSIONER

a. PARTICIPANT'S SOCIAL SECURITY NO.	CODE 4 5	b. LASTNAME	FIRST	MI	c. SEX	d. IF FEMALE, MAIDEN NAME	
e. ADDRESS			CITY		STATE	ZIPCODE	
f. DATE OF DEATH	MONTH	DAY	YEAR		g. TEAMSTER LOCAL UNION NO.		
h. DATE OF BIRTH	MONTH	DAY	YEAR		i. ATTACH COPY OF CERTIFIED DEATH CERTIFICATE		
(IF THE APPLICANT IS THE SPOUSE , INCLUDE COPY OF MARRIAGE CERTIFICATE. IF APPLICANT IS THE ESTATE , INCLUDE LETTER OF ADMINISTRATION, IF OTHER , INCLUDE PROPER PROOF OF BENEFICIARY.)							
j. SOCIAL SECURITY NO. OF APPLICANT		k. NAME OF APPLICANT			LAST	FIRST	M.I.
l. ADDRESS OF APPLICANT			CITY		STATE	ZIPCODE	
m. RELATIONSHIP TO PENSIONER	n. ARE YOU OF LEGAL AGE? YES <input type="checkbox"/> NO <input type="checkbox"/>		o. APPLICANT'S DATE OF BIRTH		p. APPLICANT'S PHONE NO. AREA CODE () -		

Section 2 – DEATH OF PENSIONER'S SPOUSE

COMPLETE ONLY WHEN DECEASED IS THE SPOUSE OF A PENSIONER

a. PENSIONER'S SOCIAL SECURITY NO.	CODE 4	b. LASTNAME	FIRST	M.I.	c. AREA CODE	PHONE NO.	
d. ADDRESS			CITY		STATE	ZIPCODE	
e. SOCIAL SECURITY NO. OF SPOUSE		f. LASTNAME OF SPOUSE		FIRST	M.I.	g. IF FEMALE, MAIDEN NAME	
h. DATE OF DEATH	DAY	YEAR		ATTACH COPIES OF MARRIAGE AND CERTIFIED DEATH CERTIFICATES			

OATH AND SIGNATURE

The information I have given in this application is true and correct to the best of my knowledge.

DATE

SIGNATURE