Cement Masons & Plasterers Trust Funds

Physical Address: 7525 SE 24th Street, Suite 200, Mercer Island, WA 98040 • Mailing Address: PO Box 34203, Seattle, WA 98124
Phone: (877) 367-0528 • Fax: (206) 505-9727 • Website: www.cementmasonstrust.com

Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR DEATH BENEFIT

Please print or type the following.

1. Name of Deceased Member:_____ 2. Soc. Sec. No:_____
3. Home 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*
   *If the member's marriage was dissolved after December 31, 1984, it is required that you attach a copy of the Dissolution Decree and property settlement agreement and/or Qualified Domestic Relations Order (QDRO).
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

To be completed by Beneficiary:

Name of Beneficiary:_____ Relationship:_____

Address of Beneficiary:_____
Street City State Zip Code

Soc. Sec. No.:_____ Birth Date:_____ Phone Number:_____

NOTARIZATION
Subscribed and sworn to before me
*this*_____*day of*_____, *20* _____

_____
*Notary Public in and for the State of*_____
*Residing at*_____

I hereby certify that I am the lawful beneficiary of the deceased.

Signature_____

Date _____

DO NOT WRITE BELOW THIS LINE

Total Benefit =_____.

Computed By:_____ Date:_____
Checked By:_____ Date: _____
Administrator:_____ Date:_____20_____