

Cement Masons & Plasterers Trust Funds

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Administered by
Welfare & Pension Administration Service, Inc.

APPLICATION FOR INDIVIDUAL ACCOUNT DEATH BENEFITS

Please print or type the following:

1. Name of Deceased Member: _____
2. Soc. Sec. No.: _____
3. Home Address: _____ 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, a copy of the Member's Birth Certificate, a copy of my Birth Certificate, and copies of any and all of my Marriage Certificates (Marriage Certificates only necessary if Beneficiary's name has changed).

To be completed by Beneficiary:

Name of Beneficiary: _____ Relationship: _____
Address of Beneficiary: _____ 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_____

If the value of your distribution is \$5,000 or more, the Trust is required by the Plan Document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be sent to you upon receipt of your application.