

Cement Masons & Plasterers 401(k) Trust

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 information. Please note an incomplete form may delay your death benefit process:

1. Name of Deceased Member _____ 2. Soc. Sec. # _____

3. Mailing 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** Date of Divorce _____

**If the marriage(s) was dissolved after December 31, 1984, the election of benefits may be subject to the rights of a prior spouse. You are required to attach a complete copy of each of the member's prior dissolution decree(s) and property settlement agreement(s) and/or Qualified Domestic Relations Order(s). The copies must show the document was filed with the court and signed by the judge.

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 _____
Mailing Address City State Zip Code

Soc. Sec. # _____ Birth Date _____

Home Phone Number _____ Cell Phone Number _____

NOTARIZATION

Subscribed and sworn to before me

this _____ day of _____, 20 _____

Notary Signature

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_____

NOTE: Attach copy of documentary proof of age so specified on the reverse side.

DOCUMENTS ACCEPTABLE AS PROOF OF AGE
(SEE NOTE)

A) A copy of any *ONE* of the following documents will be acceptable as proof of age:

1. Birth Certificate
2. Baptismal Certificate

B) If neither of the preceding are available, copies of any *TWO* of the following may be submitted:

1. U. S. Census Report (at least 20 years old)
2. Passport (may not be photocopied)
3. Naturalization or Immigration Papers (may not be photocopied)
4. Family Bible Entries
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security
12. Written Certification of Union Local

NOTE: *All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.*