

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 _____