

Western States Office and Professional Employees Pension Fund

APPLICATION FOR DEATH BENEFITS

Complete this application if you are applying for a Death Benefit. Please PRINT or TYPE all information and answer all questions fully. **Be sure to sign and date the application and include a copy of the retiree's death certificate before mailing to the Administrative Office.**

GENERAL INFORMATION

Retiree Information:

Name: _____
(Last) (First) (Middle)

SSN: _____ Date of Death: _____

Spouse/Beneficiary Information:

Name: _____

SSN: _____ Relationship to Retiree: _____

Address: _____
Number and Street

City State Zip Code

Phone: _____ Date of Birth: _____ Email: _____

I hereby apply for a death benefit from the above referenced Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payment made to me because of false statement.

Date: _____ Signature: _____