

PENSION PLAN OF EMPLOYERS AND OPERATING ENGINEERS LOCAL 520 PENSION FUND

APPLICATION FOR DEATH BENEFIT

Deceased Employee's Name _____ Social Sec. # _____

Address _____ Street _____

City _____ State _____ Zip Code _____

Date of Death _____ Date of Birth _____

I hereby make application to receive a death benefit payable from the Pension Plan of Employers and Operating Engineers Local 520 Pension Fund. I also certify that all information on this application is true, and correct, to the best of my knowledge.

Beneficiary's Name _____ Social Sec. # _____

Relationship to Deceased Participant _____

Address _____ Street _____

City _____ State _____ Zip Code _____

Telephone Number (_____) _____
Area Code

Date of Birth _____ Date of Marriage _____
(if applicable)

Signature of Beneficiary Date

A copy of Death Certificate, Birth Certificates, and proof of Marriage (if married) must be submitted with this completed application.