

# Locals 302 and 612 of the International Union of Operating Engineers Trust Funds

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Administered by  
Welfare and Pension Administration Service, Inc.

## APPLICATION FOR DEATH BENEFIT

Please print or type the following.

1. Name of Deceased Member \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_  
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. # \_\_\_\_\_ Birth Date \_\_\_\_\_ 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 \_\_\_\_\_

**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.**