Chicago and Midwest Regional Pension Fund

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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. # ____ 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). Date of Divorce _____ 8. Name of Deceased Member's Last Employer _____ 9. Deceased Member's Last Date of Employment Enclosed 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 _____ Street City State Zip Code Soc. Sec. # ______ Birth Date ______ Phone Number _____ I hereby certify that I am the lawful Spouse of the deceased. Signature DO NOT WRITE BELOW THIS LINE Total Benefit = ______. Computed By: Date: _____ Checked By: _____ Date:

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