

**PENSION APPLICATION TO THE TRUSTEES OF THE  
UNITED FOOD AND COMMERCIAL WORKERS  
TRI-STATE PENSION FUND  
PRE-RETIREMENT SURVIVOR BENEFIT APPLICATION**

THIS APPLICATION IS NECESSARY IN ORDER TO ACCURATELY DETERMINE THE SURVIVOR'S PENSION TO WHICH YOU MAY BE ENTITLED. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE FUND OFFICE.

**PART 1. DECEASED'S PERSONAL INFORMATION**

Full Name	Social Security No.
Date of Birth <i>Please attach copy of Birth Certificate</i>	Date of Death <i>Please attach copy of Death Certificate</i>
Date of Hire	Last Day Worked
Employer	Union Local Number

**PART 2. SURVIVING SPOUSE'S PERSONAL INFORMATION**

Full Name	Spouse's Social Security No.
Street Address	
City, State, Zip	(       ) Phone
Date of Birth <i>Please attach copy of Birth Certificate</i>	Date of Your Marriage <i>Please attach a copy of your Marriage License</i>

**PART 3. BENEFIT PAYMENT ELECTION**

You may begin receiving benefits any time between the date your spouse would have been eligible for early retirement and the date your spouse would have attained age 65. *Note: If you should die before your benefits are paid to you, no survivor benefits will be payable from the Fund.*

I hereby elect to receive my benefit beginning on: (check one)

- the date my spouse would have attained early retirement age, or
- the date my spouse would have attained age 65, or
- \_\_\_\_\_ - insert another date between the date your spouse would have attained early retirement date and the date he would have attained age 65.

**PART 4. APPLICANT'S STATEMENT**

I hereby certify that the employee/participant named in Part 1 has died. Attached is a copy of the Birth Certificate and Death Certificate for the employee/participant, and a copy of my Birth Certificate and Marriage License. I hereby apply for Pre-Retirement Survivor Benefits payable from the U.F.C.W. Tri-State Pension Fund. The forgoing statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for survivor's pension benefits, and the Board of Trustees have the right to recover any payments made to me because of a false statement.

**NOTE: YOU SHOULD SIGN THIS APPLICATION THE WAY YOU TYPICALLY SIGN YOUR NAME  
AND THE WAY YOU WILL ENDORSE YOUR SURVIVOR BENEFIT CHECKS.**

Applicant's Signature \_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_

**NOTE: YOUR SIGNATURE MUST BE WITNESSED**

Witness (PRINT) \_\_\_\_\_

Signature of Witness \_\_\_\_\_ Date Signed \_\_\_\_\_

Address of Witness \_\_\_\_\_