

**Southern California IBEW-NECA Pension Trust Fund**

6023 Garfield Avenue, City of Commerce, CA 90040

(323) 221-5861 or (800) 824-6935

FAX (323) 726-3520

Mailing Address:

PO BOX 910918

Los Angeles, CA 90091

**\*\*Please TYPE or PRINT IN INK\*\***

Date Mailed From  
Trust Fund Office:  
\_\_\_\_\_

**APPLICATION FOR PRE-RETIREMENT DEATH BENEFIT**

**Signatures Must Be Notarized**

MEMBER \_\_\_\_\_ SSN \_\_\_\_\_ LOCAL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_  
(Attach copy of Birth Certificate) (Attach copy of Death Certificate)

MEMBER'S LAST EMPLOYER \_\_\_\_\_  
(If Known) (Name and Address)

DATE OF LAST EMPLOYMENT \_\_\_\_\_  
\*\*\*\*\*

SPOUSE: PLEASE COMPLETE BELOW. DATE OF MARRIAGE \_\_\_\_\_  
(Attach copy of Marriage Certificate)

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
(Attach copy of Birth Certificate)

BENEFICIARY OF SPOUSE \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

Personally appeared \_\_\_\_\_,  Personally known to me – **OR** –  proved to me on the basis of satisfactory  
Name of Spouse evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this instrument the person or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal" \_\_\_\_\_  
Signature of Notary Public

\*\*\*\*\*

**\*\*Continued on Reverse Side – Please Complete Both Sides of Application\*\***

BENEFICIARY(IES) OTHER THAN SPOUSE: PLEASE COMPLETE BELOW. IF MORE THAN ONE BENEFICIARY, PROVIDE REQUESTED INFORMATION AND SIGNATURE ON SEPARATE SHEET AND SEND WITH APPLICATION.

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

REALTIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Attach copy of Birth Certificate)

TELEPHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Beneficiary's **Notarized** Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

Personally appeared \_\_\_\_\_,  Personally known to me – **OR** –  proved to me on the basis of satisfactory  
Name of Spouse evidence to be the person whose name is subscribed to this instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on this instrument the person or the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal" \_\_\_\_\_  
Signature of Notary Public

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

REALTIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(Attach copy of Birth Certificate)

TELEPHONE (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Beneficiary's **Notarized** Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me, \_\_\_\_\_  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

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