

Southern California IBEW-NECA Pension Trust Fund

100 Corson Street, Suite 200, Pasadena, CA 91103

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

FAX (323) 726-3520

Mailing Address:

PO BOX 6652

Pasadena, CA 91109

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

Date Mailed From
Trust Fund Office

APPLICATION FOR PRE-RETIREMENT DEATH BENEFIT
NON-SPOUSE BENEFICIARY

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 _____

NON-SPOUSE BENEFICIARY: PLEASE COMPLETE BELOW

Note: If beneficiary is a minor, parent/guardian's notarized signature is required.

NAME _____ SSN _____

ADDRESS _____
Street City State Zip

RELATIONSHIP _____ DATE OF BIRTH _____
(Attach copy of Birth Certificate)

TELEPHONE (_____) _____

(Date) (Applicant's/Guardian'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 Applicant/Guardian 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

IN THE EVENT OF MY DEATH, I DESIGNATE THE FOLLOWING PERSON(S) AS BENEFICIARY (IES) OF ANY BENEFITS PAYABLE ON MY BEHALF, IF ANY.

NAME _____ SSN _____

ADDRESS _____
Street City State Zip

RELATIONSHIP _____ DATE OF BIRTH _____

TELEPHONE (_____) _____