



Electricians Pension Plan

I.B.E.W. LOCAL UNION NO. 995
8111 TOM DRIVE BATON ROUGE, LOUISIANA 70815
(225) 927-6340 FAX (225) 927-6344



APPLICATION FOR SURVIVING SPOUSE BENEFIT (Complete and Return, Print or Type)

NAME OF DECEASED
PENSIONER

(Last) (First) (Middle)

Social Security No: _____

Date of Birth _____
(Month, Day, Year)

Date of Death _____
(Month, Day, Year)

I hereby certify that the above person has died and make application to receive the Surviving Spouse Benefit payable to the designated beneficiary from the Electricians Pension Plan, IBEW 995.

Name of Surviving Spouse: _____
(Last) (First) (Middle)

Address: _____
(Number Street) (City) (State) (Zip)

PH# _____
Surviving Spouse's Social Security No: _____
Date of Birth: _____

Date (Signature of Surviving Spouse)

ATTACHMENTS

- A copy of Marriage License
- A copy of Death Certificate
- Drivers License or some other proof of identity

Note* This document must be notarized, unless signed in person at the fund office.

STATE OF _____

This instrument was signed before me on _____, 20__

COUNTY OF _____

By _____

Notary Public _____

My Commission Expires _____

OR

Plan Representative: _____