



LOCAL UNION No. 569  
INTERNATIONAL  
BROTHERHOOD OF  
ELECTRICAL  
WORKERS

# SAN DIEGO ELECTRICAL PENSION TRUST

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SAN DIEGO COUNTY CHAPTER  
NATIONAL  
ELECTRICAL  
CONTRACTORS  
ASSOCIATION INC.

## APPLICATION FOR DEATH BENEFITS

**Please print or type:**

Name of deceased participant: \_\_\_\_\_  
(LAST) (FIRST) (MI)

Social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of birth: \_\_\_\_\_  
(MM/DD/YYYY)

Date of death: \_\_\_\_\_  
(MM/DD/YYYY)

**\*\*\*PLEASE ATTACH A PHOTOCOPY OF THE DEATH CERTIFICATE\*\*\***

I. Was the participant married at the time of death? \_\_\_ Yes \_\_\_ No  
If yes, please complete the following: (if the spouse is deceased, skip to item #6)

1. Name of spouse: \_\_\_\_\_  
(LAST) (FIRST) (MI)

2. Spouse's social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

3. Spouse's date of birth: \_\_\_\_\_  
(MM/DD/YYYY)

4. Spouse's telephone number (\_\_\_\_\_) \_\_\_\_\_

5. Date of marriage: \_\_\_\_\_  
(MM/DD/YYYY)

**\*\*\*PLEASE ATTACH A COPY OF BIRTH CERTIFICATE OR OTHER PROOF OF AGE\*\*\***

6. Is the spouse alive today? \_\_\_ Yes \_\_\_ No

7. Spouse's date of death: \_\_\_\_\_  
(MM/DD/YYYY)

8. Permanent address to which check and correspondence should be sent:

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (ST) (ZIP)

**\*\*\*PLEASE ATTACH A COPY OF THE MARRIAGE CERTIFICATE OR SPOUSE'S DEATH CERTIFICATE\*\*\***

II. Was the participant ever divorced? \_\_\_\_ Yes \_\_\_\_ No

\*\*\*IF YES, PLEASE ATTACH A COPY OF THE ENTIRE DIVORCE DECREE AND PROPERTY SETTLEMENT\*\*\*

If the participant was **not** married at the time of death, please complete the following:

1. Name of beneficiary: \_\_\_\_\_  
(LAST) (FIRST) (MI)

2. Relationship: \_\_\_\_\_

3. Beneficiary's social security number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

4. Address of beneficiary: \_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (ST) (ZIP)

5. Beneficiary's telephone number: (\_\_\_\_) \_\_\_\_\_

Permanent address to which correspondence should be sent:

\_\_\_\_\_  
(STREET ADDRESS)

\_\_\_\_\_  
(CITY) (ST) (ZIP)

III. Was the participant ever a sole proprietor or a partner of a company in the Electrical Industry?  
\_\_\_\_ Yes \_\_\_\_ No

List below any interruption of the participant's employment due to disability, military service, maternity or paternity leave or work for a signatory employer in a non-covered employment:

**REASON** **FROM** (MM/YYYY) **TO** (MM/YYYY)

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify under penalty of perjury that the above statements are true and correct to the best of my knowledge. I also certify that I will adhere to the retirement requirements of the current Plan which may be amended at any time by the Board of Trustees. I understand a false statement may disqualify me for benefits. This application revokes any prior application for pension benefits and/or designation(s) of beneficiaries.

Please sign in Ink:

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

*This signature must be signed before a notary public.*

State of \_\_\_\_\_

County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
Date Month Year

\_\_\_\_\_  
Name of Signer

proved to me on the basis of satisfactory evidence to be the person who appeared before me.

Signature \_\_\_\_\_  
Signature of Notary Public

Place Notary Seal Above