

**Western States Office and Professional Employees
Pension Fund**

APPLICATION FOR DEATH BENEFITS

Complete this application if you are applying for a Death Benefit. Please PRINT or TYPE all information and answer all questions fully. Be sure to sign and date the application and include a certified copy of the participant's death certificate before mailing to the Pension Trust Office.

GENERAL INFORMATION			
Participant Name:	_____	_____	_____
	(Last)	(First)	(Middle)
Participant SS#:	_____	Date of Death:	_____
Claimant's Name:	_____		
Claimant's SS#:	_____	Relationship to Participant:	_____
Claimant's Address	_____		
	Number and Street		
	_____	_____	_____
	City	State	Zip Code
Phone Number:	_____	Date of Birth:	_____
		E-mail:	_____

DESIGNATION OF BENEFICIARY	
I hereby designate the following individuals to receive any payment under the Plan which may be due in the event of my death:	
Name:	_____
Address:	_____

Relationship:	_____
Date of Birth:	_____
Social Security No.:	_____
Phone Number:	_____

I hereby apply for a death benefit from the above referenced Fund. I certify under penalty of perjury that all of the above statements are true and correct. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payment made to me because of false statement.

Date: _____ Signature: _____

Administered by A&I Benefit Plan Administrators, Inc.
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<http://wsp.aibpa.com>