

THE MEMBERS RETIREMENT PLAN

(630) 752-8400 • FAX (630) 752-8490
2075 Foxfield Rd., Ste 201, St. Charles, IL 60174
www.tmrplan.org

APPLICATION FOR DEATH BENEFIT ON DEATH OF MEMBER

Certified copy of death certificate must accompany this application

Local No. _____ Date _____

Deceased Member's Name _____ Social Security No. _____

Address _____
Street City State Zip

The undersigned hereby request that a death benefit be paid in accordance with the Trust Indenture of The Members Retirement Plan by reason of the death of the above-named former member of the Plan and makes the following statements and representations to the Trustees the Pension Plan, with knowledge that the said trustees will reply upon the same in granting the death benefit.

Date of Death: _____

Member's Date of Birth: _____

Was the Member receiving a Monthly Pension? Yes No (Please circle one)

Name of Applicant - Please Print _____ Relationship to Deceased _____

Applicant's Social Security Number (Required) _____

Applicant's Address _____ City State Zip

Applicant's Telephone Number _____ Applicant's Signature _____

Applicant's Email Address _____

No benefits will be paid without the Social Security Number of the named beneficiaries provided to the Plan office.

ELECTION OF SPOUSE'S PENSION OPTION IN LIEU OF DEATH BENEFIT

If a member dies before receiving any pension benefits and if the surviving spouse is the sole beneficiary of the total death benefit payable as a result of the member's death, the surviving spouse may elect to receive a Spouse's Pension instead of the death benefit. A Spouse's Pension will be paid for the life of the spouse. **(This Benefit Option is not available to spouses of deceased Vested Benefits Certificate holders.)**

This election may be revoked in writing at any time, before or after the spouse has commenced to receive pension payments, in which event the spouse will be paid the amount of the death benefit originally payable less the total amount, if any, received in pension payments.

I am the surviving spouse of the above-named deceased member and am the sole beneficiary entitled to the death benefit payable as a result of the member's death. I elect to receive a Spouse's Pension in lieu of the benefit. I am submitting one of the following as proof of marriage and have not thereafter been divorced.

Copy of Marriage Certificate or Copy of _____
Please circle "Marriage Certificate" or indicate other document

You may start your monthly pension at age 55 or thereafter. If you choose to begin receiving your benefit prior to age 65, your monthly pension will be reduced by 1/4 of 1% for each month or any fraction of a month between the date of your first payment and your 65th birthday. You may file a designation of beneficiary with the Plan office for death benefit which may be payable upon your death, if no such beneficiary was designated by your spouse. A death benefit will be payable upon your death if the total amount of pension payments you received is less than the death benefit which was payable upon your spouse's death.

I elect to start the Spouse's Pension in Lieu of Death Benefit beginning on _____
Month/Year

Applicant's Signature _____

Applicant's Date of Birth _____

Applicant's Social Security Number _____

**Please provide a copy of your birth certificate to verify your age.
RETURN THIS COMPLETED FORM TO THE DECEASED MEMBER'S LOCAL.**

DO NOT WRITE ON THIS SIDE
CERTIFICATION BY LOCAL UNION

The following information is part of the official records of our Local with reference to the deceased member named:

1. Name of the deceased member: _____
2. Date last initiated into the Union: _____
3. Last place of employment: _____
_____ (City and State) as _____ (Name of Company)
_____ (Classification of Work)
4. Last Date worked: _____
5. The last week-ending for which pension contributions were due was: _____
6. All of the Deceased Member's contributions have been forwarded to The Members Retirement Plan, except an amount of \$ _____ which (will be) (was) forwarded on _____.

The above-named member was in good standing in the Local at their date of death: Yes No
(Please circle one)

We have examined this application and certify that the above information is part of the official records at our Local.

Date: _____ Local No. _____

President

Vice President

RECORD OF THE MEMBERS RETIREMENT PLAN

This death benefit application on behalf of the beneficiary(s) of _____ deceased, is hereby (approved) (disapproved) and payment to the following beneficiary(s) is directed as follows:

Name of Beneficiary	Relationship	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

The Members Retirement Plan, Board of Trustees

By: _____
Executive Director

in accordance with action taken by the Board of Trustees

Date: _____

