

**WESTERN METAL INDUSTRY PENSION FUND**

P.O. Box 34203

Seattle, WA 98124

(206) 664-7300

**PRE-RETIREMENT DEATH APPLICATION**

1. Name of Participant \_\_\_\_\_

2. Social Security No. \_\_\_\_\_

3. Last Employer \_\_\_\_\_  
Name of Company City

4. Date Last Worked \_\_\_\_\_ 5. Union Local \_\_\_\_\_

6. Date of Birth \_\_\_\_\_ 7. Date of Death \_\_\_\_\_

8. Name of Surviving Spouse \_\_\_\_\_

9. Email address \_\_\_\_\_ 10. Social Security No. \_\_\_\_\_

11. Date of Birth \_\_\_\_\_ 12. Telephone No.(\_\_\_\_\_) \_\_\_\_\_

13. Address \_\_\_\_\_  
Street and Number City State Zip Code

I hereby make application for any surviving spouse's benefit which may be payable by the Western Metal Industry Pension Fund. I certify I am a lawful surviving spouse of the above participant and that I am entitled to any such benefit in the event the Trustees determine he/she was properly qualified for benefits under the Plan.

I submit herewith a copy of each of the following documents:

- (1) Death Certificate of Participant
- (2) Birth Certificates of Participant and Spouse
- (3) Marriage Certificate
- (4) If Participant has been divorced, a copy of the decree(s) showing whether there is another claim on benefits

\_\_\_\_\_  
 Surviving Spouse Signature Date

**YOUR SIGNATURE MUST BE PROPERLY NOTARIZED**

**NOTARIZATION**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature: \_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_,

Residing at \_\_\_\_\_.

My commission expires \_\_\_\_\_.

Notary Stamp

## EMPLOYMENT HISTORY

The Western Metal Industry Pension Fund is a multi-employer, multi-craft pension plan. Therefore, you should list all employers for which you have worked, and indicate all local unions regardless of whether you believe they were covered under this plan. You must furnish at least approximate dates of employment with each employer. Your employment history will be verified from all available sources; however, the final burden of submitting proof shall rest with you.

List your present employer first. Then list all previous employers in reverse order. Report any periods of six or more months in which you were unemployed and state the reason. Also include any periods you worked for an employer in a non-bargaining unit capacity. If more space is needed, use additional sheets of paper and attach them to this application.

The employment history is an important part of your retirement application. It assists the administration office in determining whether all applicable forms of service have been reported on your behalf.

<u>NAME OF EMPLOYER / CITY</u>	<u>POSITION OR JOB TITLE</u>	<u>LOCAL UNION NUMBER (if any)</u>	<u>FROM (Month / Year)</u>	<u>TO (Month / Year)</u>
PRESENT EMPLOYER				
1.				
PREVIOUS EMPLOYERS				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				

A Break-In-Service due to service in the Armed Forces of the United States may be canceled if a participant submits as proof a photocopy of their DD-214 Military Discharge form. Enter below all dates of any United States military service.

Branch of Service:

From (Month / Year):

To (Month / Year):

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## INSTRUCTIONS FOR FURNISHING PROOF OF AGE

At the time you submit this completed application to the pension office, or as soon as possible thereafter, you must furnish proof of age:

### Either ONE of these documents

- Birth certificate
- Hospital birth record
- Infant Baptismal Certificate
- Any governmental agency record of birth certified by that agency's custodian
- Naturalization record
- Immigration papers

### OR any TWO of these documents

- Military records
- Passport at least 10 years old
- School records certified by custodian of record
- Insurance policy, at least 10 years old, showing age or date of birth
- Marriage records showing age or date of birth
- Notarized affidavits by persons having knowledge of your date of birth