

# Cement Masons & Plasterers Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## APPLICATION FOR DEATH BENEFIT

Please print or type the following.

1. Name of Deceased Member \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_
3. Home Address \_\_\_\_\_  
Street City State Zip Code
4. Date of Death \_\_\_\_\_ 5. Date of Birth \_\_\_\_\_ 6. Union Local No. \_\_\_\_\_
7. Marital Status of Deceased Member:  Never Married  Married  Widowed  Separated  Divorced\*  
\*If the member's marriage was dissolved after December 31, 1984, it is required that you attach a copy of the Dissolution Decree and property settlement agreement and/or Qualified Domestic Relations Order (QDRO).
8. Name of Deceased Member's Last Employer \_\_\_\_\_
9. Deceased Member's Last Date of Employment \_\_\_\_\_

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### Enclosed herewith is a copy of the Death Certificate.

To be completed by Beneficiary:

Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_

Address of Beneficiary \_\_\_\_\_  
Street City State Zip Code

Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone Number \_\_\_\_\_

#### NOTARIZATION

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

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

I hereby certify that I am the lawful beneficiary of the deceased.

Signature \_\_\_\_\_

Date \_\_\_\_\_

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### DO NOT WRITE BELOW THIS LINE

Total Benefit = \_\_\_\_\_.

Computed By: \_\_\_\_\_ Date: \_\_\_\_\_  
Checked By: \_\_\_\_\_ Date: \_\_\_\_\_  
Administrator: \_\_\_\_\_ Date: \_\_\_\_\_ 20 \_\_\_\_\_