

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. No: _____
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: _____

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. No.: _____ 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 _____

DO NOT WRITE BELOW THIS LINE

Total Benefit = _____.

Computed By: _____ Date: _____
Checked By: _____ Date: _____
Administrator: _____ Date: _____ 20 _____