

# Southern Alaska Carpenters Retirement Plan

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Administered by  
Labor Trust Services, Inc.

## APPLICATION FOR PRE-RETIREMENT DEATH BENEFIT

### Deceased Member:

1. Name: \_\_\_\_\_ 2. Social Security No: \_\_\_\_\_

3. Mailing Address: \_\_\_\_\_

4. Date of Birth: \_\_\_\_\_ 5. Date of Death: \_\_\_\_\_

6. Marital Status:  Married  Divorced  Never Married  Separated  Widowed

### Beneficiary:

With completion of this form, I hereby apply for the Death Benefit to which I may be entitled under the provisions of this Plan. I hereby certify that I am the beneficiary of the deceased and my relationship to the deceased was that of \_\_\_\_\_.

1. My Date of Birth is: \_\_\_\_\_ 2. Social Security No: \_\_\_\_\_

3. My Mailing Address is: \_\_\_\_\_

Please submit copies of those documents checked below with this application:

- Beneficiary Birth Certificate with paper trail to current name
- Marriage Certificate
- Death Certificate of member

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### NOTARIZATION

Subscribed and sworn to before me

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

\_\_\_\_\_  
(Notary's Signature)

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

My Commission Expires: \_\_\_\_\_

List all the Unions that the member held membership in or under whose jurisdiction he or she worked.

Local Union No.	City and State	Dates of Membership	
		From	To