

# Alaska Ironworkers Pension Trust Fund

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Administered by  
WPAS, Inc.

## APPLICATION FOR DEATH BENEFIT

1. Name of Deceased Member \_\_\_\_\_ 2. Local No. \_\_\_\_\_

3. Address of Deceased Member \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

6. Social Security Number of Deceased Member \_\_\_\_\_

7. Marital Status of Deceased Member:  Never Married  Married  Separated  Divorced  Widowed

With completion of this form, I hereby apply for the Death Benefit to which I may be entitled under the provisions of this Plan.

Enclosed here with are Certified Copies of:  Death Certificate  Marriage Certificate  My Birth Cert

I hereby certify that I am the lawful spouse or named beneficiary of the deceased.

1. My Date of Birth is: \_\_\_\_\_ 2. My Social Security Number is: \_\_\_\_\_

3. My Address is as follows: \_\_\_\_\_  
\_\_\_\_\_

4. My Home Phone is: \_\_\_\_\_ 5. My Cell Phone is: \_\_\_\_\_

6. My e-mail address is: \_\_\_\_\_

### NOTARIZATION:

*Subscribed and sworn to before me*

*this \_\_\_\_\_ day of \_\_\_\_\_,*

*20\_\_\_\_\_*

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

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature