Alaska United Food and Commercial Workers Trust Funds

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Administered by
Labor Trust Services, Inc.

APPLICATION FOR DEATH BENEFIT

Please note an incomplete form may delay your death benefit process.

Please print or type the following information.

Name of Deceased Member *(Last, First, MI)* | Social Security No.

Mailing Address *(Street, City, State, Zip)*

Date of Death *(mm/dd/yyyy)* | Date of Birth *(mm/dd/yyyy)* | Union Local No.

☐ Never Married ☐ Married ☐ Widowed ☐Separated ☐ Divorced*

Marital Status of Deceased Member | Date of Divorce *(mm/dd/yyyy)*

* If the marriage(s) 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).

Name of Deceased Member's Last Employer | Deceased Member's Last Date of Employment *(mm/dd/yyyy)*

Enclosed herewith is a copy of the Death Certificate, a copy of the Member's Birth Certificate, a copy of my Birth Certificate, and copies of any and all of my Marriage Certificates (Marriage Certificates only necessary if beneficiary's name has changed).

To be completed by Beneficiary:

Name of Beneficiary *(Last, First, MI)* | Relationship

Mailing Address of Beneficiary *(Street, City, State, Zip)*

Social Security No. | Date of Birth *(mm/dd/yyyy)*

( ) | ( )
Phone No. | Mobile No.

Email Address

Complete Reverse Side

APPLICATION FOR DEATH BENEFIT
(continued)

By signing below, I hereby certify that I am the lawful beneficiary of the deceased.

Beneficiary's Signature _____ Date Signed _____

Print Beneficiary's Name _____

NOTARY SEAL	**NOTARIZATION OF BENEFICARY SIGNATURE**
	Subscribed and sworn to me before this _____ day of _____ , 20 _____
	Notary Public Signature
	Notary Public in and for the State of _____
	Residing at _____
	My commission expires: _____

Do not write below this line, for administration office only.

Total Benefit = $ _____

Computed by: _____ Date: _____

Checked by: _____ Date: _____

Administrator: _____ Date: _____

If the value of your distribution is $5,000 or more, the Trust is required by the Plan Document to offer you a lifetime benefit in lieu of a lump sum payment, in which case additional forms will be sent to you upon receipt of your application.