

**HEAT AND FROST INSULATORS AND ALLIED WORKERS' LOCAL 47  
RETIREMENT TRUST FUND  
APPLICATION FOR PRE-RETIREMENT DEATH & SURVIVOR'S BENEFITS**

AFTER COMPLETING THIS APPLICATION, IN FULL, PLEASE SUBMIT IT TO THE FUND OFFICE WITH A COPY OF THE DEATH CERTIFICATE, AFFIDAVIT DECLARING SURVIVOR OR MARITAL STATUS, BIRTH CERTIFICATE AND YOUR MARRIAGE LICENSE IF COMPLETED BY SURVIVING SPOUSE OR DAUGHTER.

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**TO BE COMPLETED BY BENEFICIARY**

FULL NAME OF DECEASED \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ LOCAL UNION NO. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_

CAUSE OF DEATH \_\_\_\_\_

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FULL NAME OF BENEFICIARY \_\_\_\_\_

BENEFICIARY'S SOCIAL SECURITY NUMBER \_\_\_\_\_

COMPLETE PHYSICAL ADDRESS OF BENEFICIARY \_\_\_\_\_

\_\_\_\_\_

PHONE # \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ RELATIONSHIP TO PARTICIPANT \_\_\_\_\_

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS,  
TO THE BEST OF MY BELIEF AND KNOWLEDGE,  
TRUE AND COMPLETE.

**DATE** \_\_\_\_\_

**SIGNATURE OF BENEFICIARY** \_\_\_\_\_