

# AGC-International Union of Operating Engineers Local 701 Trust Funds

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Administered by  
Welfare & Pension Administration Service, Inc.

## DEFINED CONTRIBUTION PENSION PLAN APPLICATION FOR DEATH BENEFIT

Please print or type the following.

1. Name of Deceased Member \_\_\_\_\_ 2. Soc. Sec. # \_\_\_\_\_
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). Date of Divorce \_\_\_\_\_
8. Name of Deceased Member's Last Employer (if known) \_\_\_\_\_
9. Deceased Member's Last Date of Employment (if known) \_\_\_\_\_

**Enclosed here with is a copy of the member's Birth Certificate, copy of my Birth Certificate and a copy of the Long form Death Certificate.**

To be completed by Beneficiary:

- Name of Beneficiary \_\_\_\_\_ Relationship \_\_\_\_\_
- Address of Beneficiary \_\_\_\_\_  
Street City State Zip Code
- Soc. Sec. # \_\_\_\_\_ Birth Date \_\_\_\_\_ Home Phone Number \_\_\_\_\_
- Cell Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

<p><b>NOTARIZATION</b></p> <p><i>Subscribed and sworn to before me</i></p> <p><i>this _____ day of _____, 20 _____</i></p> <p>_____</p> <p><i>Signature of Notary</i></p> <p><i>Notary Public in and for the State of _____</i></p> <p><i>Residing at _____</i></p>
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I hereby certify that I am the lawful beneficiary of the deceased.

Signature \_\_\_\_\_

Date \_\_\_\_\_

(notary seal)

**DO NOT WRITE BELOW THIS LINE**

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Total Benefit = \$ _____	Death Benefit / \$ _____	Monthly Benefit _____
Computed By: _____	Date: _____	
Checked By: _____	Date: _____	

**NOTE: Attach copy of documentary proof of age so specified on the reverse side.**

**DOCUMENTS ACCEPTABLE AS PROOF OF AGE**  
(SEE NOTE)

**A) A copy of any *ONE* of the following documents will be acceptable as proof of age:**

1. Birth Certificate
2. Baptismal Certificate

**B) If neither of the preceding are available, copies of any *TWO* of the following may be submitted:**

1. U. S. Census Report (at least 20 years old)
2. Passport
3. Naturalization or Immigration Papers
4. State Drivers License
5. Life Insurance Policies (at least 10 years old)
6. Marriage License or Application
7. Early School Records
8. Military Records
9. Civil Service Records
10. Children's Birth Certificates
11. Written Certification from Social Security

***NOTE:*** *All documentation submitted as proof of age must clearly show your age in order to be acceptable. Also, if the name shown on the document differs from the present name, a copy of the court order or other document recording the name change should be submitted for identification purposes.*