



# CENTRAL STATES PENSION FUND

## APPLICATION FOR SURVIVOR BENEFITS

PRINT OR TYPE ALL INFORMATION

### PARTICIPANT INFORMATION – INCLUDE A COPY OF THE DEATH CERTIFICATE.

PARTICIPANT'S SOCIAL SECURITY NO.	LAST NAME	FIRST NAME	MIDDLE INITIAL	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	IF FEMALE, MAIDEN NAME
STREET ADDRESS		CITY		STATE	ZIP CODE
MARITAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED		LOCAL UNION NUMBER	DATE OF BIRTH	DATE OF DEATH	
		MONTH / DAY / YEAR		MONTH / DAY / YEAR	

### APPLICANT INFORMATION – SPOUSE or FAMILY

IF YOU ARE THE SPOUSE, INCLUDE A COPY OF YOUR MARRIAGE CERTIFICATE AND YOUR BIRTH CERTIFICATE.

NAME & SOCIAL SECURITY NUMBER	ADDRESS (City, State, Zip Code) & EMAIL	APPLICANT'S BIRTHDATE (MONTH / DAY / YEAR) & PHONE NUMBER	RELATIONSHIP TO PENSIONER
NAME	ADDRESS	BIRTHDATE	
SSN	EMAIL	PHONE #	

IF THERE IS NO SPOUSE, LIST NAMES BELOW OF ALL LIVING CHILDREN.

IF THERE IS/ARE NO SPOUSE OR LIVING CHILD(REN), LIST THE NEAREST RELATIVE. Include proper proof of relationship to the participant.

NAME	ADDRESS	BIRTHDATE	
SSN	EMAIL	PHONE #	
NAME	ADDRESS	BIRTHDATE	
SSN	EMAIL	PHONE #	
NAME	ADDRESS	BIRTHDATE	
SSN	EMAIL	PHONE #	

**DO NOT SEND ORIGINAL DOCUMENTS**

PLEASE NOTE THAT IF YOU DO NOT PROVIDE THE FUND WITH TIMELY NOTICE, ANY RETROACTIVE BENEFIT PAYMENTS THAT YOU WOULD OTHERWISE BE ELIGIBLE TO RECEIVE ARE LIMITED TO THE 12-MONTH PERIOD PRIOR TO THE DATE THE FUND RECEIVES WRITTEN NOTIFICATION OF THE REQUEST.

**\*SEE REVERSE SIDE\***

**IMPORTANT INFORMATION REGARDING YOUR BENEFITS:**

**PENSION PROTECTION ACT**

On March 24, 2008, the Pension Fund's actuary certified that the Pension Fund is in critical status under the Pension Protection Act (PPA), and notice of this fact was given to all participants on April 8, 2008. With respect to plans in critical status, the PPA created a category of "adjustable benefits," which generally includes all benefits other than a contribution based pension payable at age 65; these benefits may be eliminated or reduced in the future (even for participants that have retired and already begun receiving their pensions), largely depending on whether the participant's employer (or former employer) continues to participate in the Pension Fund and agrees to a contribution schedule sufficient to maintain current benefits. Although the Pension Fund anticipates that the vast majority of bargaining units will elect a contribution schedule that keeps current benefits in place, because of the possibility of a reduction or elimination in benefits, you should weigh your decision to retire with care. In addition, under the PPA, the Pension Fund cannot guarantee that it will never be required to change its existing rules concerning adjustable benefits. However, in the event your adjustable benefits are reduced or eliminated in the future, you will receive a separate notice at least 30 days prior to the effect of any such benefit reduction.

**OATH AND SIGNATURE**

I am applying for a pension benefit from Central States, Southeast and Southwest Areas Pension Fund. Under penalty of perjury, I certify that the information I have given in this application is true and correct to the best of my knowledge.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

**RETURN TO: CENTRAL STATES, SOUTHEAST AND SOUTHWEST  
AREAS PENSION FUND  
PO BOX 5109  
DES PLAINES IL 60017-5109**

**Or Fax to 847-518-9752**