

**Southern California IBEW-NECA Pension Trust Fund**

100 Corson Street, Suite 200, Pasadena, CA 91103

(323) 221-5861 or (800) 824-6935

FAX (323) 726-3520

Mailing Address:

PO BOX 6652

Pasadena, CA 91109

**\*\*Please TYPE or  
PRINT IN INK\*\***

Date Mailed From  
Trust Fund Office  
\_\_\_\_\_

**APPLICATION FOR PRE-RETIREMENT DEATH BENEFIT**  
**SURVIVING SPOUSE**

MEMBER \_\_\_\_\_ SSN \_\_\_\_\_ LOCAL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ DATE OF DEATH \_\_\_\_\_  
(Attach copy of Birth Certificate) (Attach copy of Death Certificate)

MEMBER'S LAST EMPLOYER \_\_\_\_\_  
(If Known) (Name and Address)

DATE OF LAST EMPLOYMENT \_\_\_\_\_  
\*\*\*\*\*

PLEASE COMPLETE BELOW. DATE OF MARRIAGE \_\_\_\_\_  
(Attach copy of Marriage Certificate)

NAME \_\_\_\_\_ SSN \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

DATE OF BIRTH \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_  
(Attach copy of Birth Certificate)

BENEFICIARY(S) OF APPLICANT \_\_\_\_\_ SSN of Beneficiary(s) \_\_\_\_\_

RELATIONSHIP \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
(DATE) (Notarized Signature)

State of \_\_\_\_\_ County of \_\_\_\_\_ On \_\_\_\_\_ before me, \_\_\_\_\_,  
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")

Personally appeared \_\_\_\_\_,  Personally known to me – **OR** –  proved to me on the basis of satisfactory  
Name of Spouse evidence to be the person whose name is subscribed to this instrument and  
acknowledged to me that he/she executed the same in his/her authorized  
capacity, and that by his/her signature on this instrument the person or the  
entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal" \_\_\_\_\_  
Signature of Notary Public