

NORTHERN ILLINOIS ANNUITY FUND

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Website: www.niannuityfund.com

Administered by
Welfare & Pension Administration Services, Inc.

BENEFIT APPLICATION FOR BENEFICIARIES OF EMPLOYEES

INSTRUCTIONS: Please read this application carefully before answering any questions. Print your answers to all questions which apply to you. If any part of this application is not entirely clear, do not hesitate to contact the Administration Office for assistance.

A. REGARDING DECEASED

1. NAME _____
(LAST) (FIRST) (MI)
2. DATE DECEASED _____ DATE OF BIRTH _____
3. ADDRESS _____
(NO. & STREET) (CITY) (STATE) (ZIP)
4. SOCIAL SECURITY NUMBER _____

PLEASE ATTACH A CERTIFIED COPY OF THE DEATH CERTIFICATE

B. REGARDING BENEFICIARY

1. NAME _____ EMAIL _____
2. ADDRESS _____
(NO. & STREET) (CITY) (STATE) (ZIP)

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3. **RELATIONSHIP TO DECEASED** _____

4. **SOCIAL SECURITY NUMBER** _____ **DATE OF BIRTH** _____

5. **I WISH TO RECEIVE THE ACCUMULATED SHARE AS FOLLOWS (CHECK ONE):**

_____ **IN A LUMP SUM.**

_____ **IN EQUAL MONTHLY INSTALLMENT, FOR A PERIOD OF**
_____ **60 MONTHS**

OR

_____ **120 MONTHS**

UNTIL THE AMOUNT IN THE ACCOUNT IS EXHAUSTED
(AMOUNT WILL INCLUDE INTEREST).

I hereby apply for benefits that may be payable from the Northern Illinois Annuity Fund and Plan. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

DATE _____ **SIGNATURE** _____