

UNITED INDUSTRIAL WORKERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ www.uiwunion.org

DEATH BENEFIT APPLICATION

This application is for a Beneficiary of a Pensioner in the United Industrial Workers Pension Plan ("Plan") applying for a death benefit within one year of the Pensioner's death. Complete Section 1 as it applies to the deceased pensioner and Section 2 as it applies to you. Section 3 of the application must be signed by you in the presence of a Notary Public or witnessed by an authorized UIW/Plan Representative. Complete and return the application by: email: pensions@seafarers.org; fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

1 Pensioner's Information

- Copy of Death Certificate Required

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Death

Marital Status

- Single
Married
Divorced
Widow(er)

Funeral Expense Deduction

Death benefits are subject to a funeral expense deduction. Please provide a copy of the Itemized Funeral Bill and select one of the following:

- No, the funeral bill is unpaid
Yes, the funeral bill was paid by

2 Beneficiary's Information

You must sign Section 3 in the presence of a Notary Public or witnessed by an authorized UIW/Plan Representative:

- Copy of your Social Security Card or ITIN Required
Copy of supporting document(s) verifying your relationship to the deceased pensioner

Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

3 Beneficiary's Signature

As the designated beneficiary of the deceased pensioner above, I understand that in order to qualify for the Plan's maximum benefit that I must be a close relative of the Pensioner as considered under the Plan's Rules and Regulations:

- Spouse Grandchild Grandmother Mother Stepmother Half-sister Brother Stepsister Nephew*
Child Grandfather Stepchild Father Stepfather Half-brother Sister Stepbrother Niece*

I acknowledge that the Plan defines a *Niece and Nephew as the children of a pensioner's brother or sister. I understand that if I am not a close relative of the Pensioner the death benefit will be reduced. I am aware that all death benefits are subject to a funeral expense deduction.

I understand that any monthly pension benefit paid to the pensioner after his or her death must be returned or refunded to the Plan, regardless of if the funds were payable by check or direct deposit. If an overpayment is not recovered by the Plan, I acknowledge that a deduction from any death benefit payable will be made in full satisfaction of any funds issued.

I certify that the information that I have provided on this application is true and correct and I recognize that the United Industrial Workers Pension Plan will rely on the information for death benefit purposes. I understand if I knowingly provided false or misleading information, I may be guilty of a criminal offense.

Beneficiary's Signature

Date Signed

THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED UIW/PLAN REPRESENTATIVE

State of: County of:

On this the day of, 20, before me, the undersigned, personally appeared, satisfactorily proven to be the person named in and personally signed, sealed, and delivered this Death Benefit Application as his or her act and deed.

Notary Public's or UIW/Plan Representative's Name

Notary Public's or UIW/Plan Representative's Signature

Date Signed