APPLICATION FOR DEATH BENEFIT

The following page contains the application for a death benefit from the Eighth District Electrical Pension Fund. If you have any questions about the application process, please contact the Fund Office at (800) 858-1876.

To avoid a delay in processing your Application, make sure you fill out the Application completely and provide copies of all the following documentation (as applicable):

If you are a Surviving Spouse of a deceased Participant:

- A copy of your birth certificate;
- A copy of your marriage certificate;
- A copy of your spouse’s birth certificate;
- An Affidavit of Designated Beneficiary; and
- A copy of the Participant’s death certificate.

If you are a non-Spouse Beneficiary of a deceased Participant:

- A photocopy of your birth certificate;
- An Affidavit of Designated Beneficiary; and
- A certified copy of the Participant’s death certificate.

If you are an Alternate Payee (i.e., a previous spouse of a Participant):

- A copy of your birth certificate;
- A copy of your divorce decree, property settlement agreement and QDRO;
- An Affidavit of Designated Beneficiary; and
- A copy of the Participant’s birth certificate.

PLEASE RETURN THE COMPLETED APPLICATION AND SUPPORTING DOCUMENTS TO:

Eighth District Electrical Pension Fund
e/o CompuSys
2821 S. Parker Road, Suite 215
Aurora, CO 80014-2713
Application to Receive a Death Benefit
Eighth District Electrical Pension Plan

PART ONE: Applicant Information

Name: ____________________________________________

Address: ____________________________________________

Street ____________________________________________________________________________

Unit Number _______________________________________________________________________

City ____________________________________________________________________________

State ____________________________________________________________________________

Zip Code _______________________________________________________________________

Soc. Sec. No.: ___________________________ Daytime Phone No: ___________________________

Date of Birth: ___________________________ Email address: _____________________________

Relationship to Deceased: [ ] Surviving Spouse [ ] Non-Spouse Beneficiary [ ] Alternate Payee

PART TWO: Information about the Deceased

Name: ____________________________________________

Soc. Sec. No.: ___________________________

Date of Birth: ___________________________ Date of Death: ___________________________

Local Union: ___________________________

Was the Deceased currently receiving a benefit from the Eighth District Pension Plan?

[ ] YES

[ ] NO
PART THREE: Information on Death Benefit Options

The Fund will determine eligibility based upon the Pension Plan’s records and the information you provide in this Death Benefit Application.

Please note, the Fund has not yet determined your eligibility for death benefits. If you are eligible for any of a death benefit from the Pension Plan, you will receive more information on the benefit options available to you in the Benefit Election Packet from the Fund Office.

There are different death benefit options available to a surviving spouse of a deceased participant, non-spouse beneficiaries, and named beneficiaries of participants that are already in pay status and receiving a pension. For more information about the Plan’s Death Benefit, please see the SPD sections entitled “How your Pension is Paid” and “Pre-Retirement Death Benefits,” which are included with this Death Benefit Application.

If you have any further questions about these benefits, please contact the Fund Office at (800) 858-1876.

PART FOUR: Information on Required Minimum Distributions

The Plan requires that the benefit you may receive from the Plan commence by a certain time. Below is a summary of those rules. For more information on these rules, please contact the Plan or your tax advisor.

If you are a Surviving Spouse:
If you are a surviving Spouse, and the Participant’s death occurred prior to his Normal Retirement Age, if you elect the Pre-Retirement Surviving Spouse Pension, you cannot begin commence of this benefit until the Participant would have reached Early Retirement Age. However, you may elect to defer commence of this benefit until the Participant would have reached Normal Retirement Age. More information on deferral of the commencement of your benefit will be included in your Benefit Election Form.

If you are a Surviving Spouse, and you elect the Pre-Retirement Death Benefit, the entire benefit from the Plan must be paid out by December 31 of the year that includes the 5th anniversary of the Participant’s death.

If you are a non-Spouse Beneficiary:
If you are a non-Spouse Beneficiary, the entire benefit from the Plan must be paid out by December 31 of the year that includes the fifth (5th) anniversary of the Participant’s death.

PART FIVE: Certification of Information on Application

I understand that the Plan will rely on the information I have provided in processing my Application. I have provided all necessary information to process my Application. I declare under penalty of perjury, that all information on this Application is true and complete to the best of my knowledge and belief. I understand that if I intentionally falsify any of the information on this Application, the Plan may void my Application.

Signature of Applicant: ___________________________ Date: ________________

Signature of Witness: ___________________________ Date: ________________