

I.B.E.W. LOCAL 332 PENSION TRUST FUND  
ADMINISTRATIVE OFFICES  
1120 S. BASCOM AVENUE, SAN JOSE, CA 95128  
(408) 288-4400

RETIREMENT DEATH BENEFITS

INSTRUCTIONS

1. Please read each question carefully
2. Print all information
3. Be sure to submit a Proof of Age  
(Refer to Proof of Age Instructions Attached)
4. Be sure to Sign and Date the Application
5. Mail the completed Application to:  
Post Office Box 5057  
San Jose, CA 95150-5057

PERSONAL DATA

1. Beneficiary Name \_\_\_\_\_  
(Last) (First) (Middle)
2. Address \_\_\_\_\_  
Street City State Zip Code
3. SSN \_\_\_\_\_
4. Date of Birth \_\_\_\_\_
5. Telephone No. \_\_\_\_\_
6. Date of Death (Member): Month \_\_\_\_\_ Year \_\_\_\_\_
7. Last date worked (Member): Month \_\_\_\_\_ Year \_\_\_\_\_
8. Deceased Member's Name \_\_\_\_\_
9. SSN \_\_\_\_\_
10. Date of Birth \_\_\_\_\_

TYPE OF APPLICATION

10. I wish to apply for:  Normal Retirement  \* Early Retirement  
 Retirement Death  Disability Retirement  Estimate Only

IT IS ABSOLUTELY ESSENTIAL THAT YOU BE AS ACCURATE AS POSSIBLE IN YOUR REPLIES.  
INCORRECT OR INCOMPLETE INFORMATION MAY DELAY PAYMENT OF YOUR PENSION BENEFITS.

I realize that all information on this application will be used for determining my Benefits, if any, and I hereby declare under perjury that the foregoing is correct to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**PREFERENCE BENEFICIARY'S AFFIDAVIT**

Deceased Participant Name: \_\_\_\_\_

I \_\_\_\_\_, residing at \_\_\_\_\_  
 \_\_\_\_\_ (City or Town)  
 \_\_\_\_\_ being first duly sworn, depose and state:  
 \_\_\_\_\_  
 \_\_\_\_\_ (State or Province)

WIDOW  
OR  
WIDOWER

That I am the surviving spouse of the deceased person named above.  
 The date of my birth is: \_\_\_\_\_  
 (SIGNED) \_\_\_\_\_

SON  
OR  
DAUGHTER

That the deceased person named above left no surviving spouse; that I am a child of the deceased; and that the deceased left no surviving children other than myself and those listed below:  
 Name and Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 The date of my birth is: \_\_\_\_\_  
 (SIGNED) \_\_\_\_\_

FATHER  
OR  
MOTHER

That the deceased person named above left no surviving spouse or child; that I am a parent of the deceased; and that the other parent is listed below:  
 Name \_\_\_\_\_ Present address or date of death \_\_\_\_\_  
 (SIGNED) \_\_\_\_\_

DESIGNATED  
BENEFICIARY

That the deceased person named above named you as a designated beneficiary.  
 Date of my birth is: \_\_\_\_\_  
 (SIGNED) \_\_\_\_\_

LEGAL GUARDIAN  
OF  
MINOR CHILD

That the deceased person named above left no surviving spouse; that I am the Legal Guardian of the minor child named below:  
 Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 (SIGNED) \_\_\_\_\_

State of \_\_\_\_\_  
 County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 by \_\_\_\_\_, personally known to me or proved to me on the basis  
 of satisfactory evidence to be the person(s) who appeared before me.  
 (SEAL)

Signature \_\_\_\_\_  
 Notary Public or other official

## INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE

The acceptable proofs of your age are listed below in two groups. Submit a photostatic copy of one of the proofs listed in Group I. If you have it, or can possibly obtain it since this class of proof of age is the more convincing.

If you cannot submit a proof in the Group I classification, submit photostatic copies of two (2) of the proofs listed in Group II. You are cautioned, however, that naturalization papers, United States Passports and Immigration papers may not be photostated. If you are submitting any of these, you must send the original. It will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

### GROUP I

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified by the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security Pension.
7. A foreign church or government record.
8. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth as shown on their records.
9. Naturalization record. (Photostat not permitted: submit original)
10. Immigration papers (Photostat not permitted: submit original)

### GROUP II

11. Military record
12. Passport. (U.S. passports may not be photostated: submit original)
13. School records, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Other evidence such as signed statements from persons who have knowledge of the date of birth.