

I.B.E.W. LOCAL 332 PENSION TRUST FUND
ADMINISTRATIVE OFFICES
P.O. BOX 5057, SAN JOSE, CA 95150-5057
(408) 288-4555

PRE RETIREMENT DEATH
REQUEST FOR PART B

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 in enclosed envelope or to: Post Office Box 5057
San Jose, CA 95150-5057

PERSONAL DATA

1. Participant Name _____
(Last) (First) (Middle)
2. Address _____
Street City State Zip Code
3. SSN _____
4. Date of Birth _____
5. Telephone No. _____
6. Date of Death: Month _____ Year _____
7. Last date worked: Month _____ Year _____
8. Beneficiary Name _____
9. Beneficiary SSN _____
10. Date of Birth _____
11. Marital Status: Married Single Divorced Widowed
If divorced, please provide copy of Divorce Decree with Property Settlement
12. Is any portion of your Pension Benefit payable to someone else under a Court Order: Yes No
13. I wish to apply for: Lump Sum IRA Rollover
 Partial Lump Sum Monthly Part B Payments in the Amount of \$ _____

Member Signature: _____ Date: _____

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)

Notary Public or other official's Signature

Or

Plan Representative's Signature