

U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN
APPLICATION FOR PRE-RETIREMENT DEATH BENEFITS
For Non-Spouse Beneficiaries Only
4160 Dublin Blvd., Suite 400 Dublin, CA 94568
Telephone: (866) 295-6402

1. Name of Deceased _____
Last First Middle
2. Soc. Sec. No. of Deceased: _____
3. Date of Death: _____
4. Marital Status of Deceased: Single_____ Married_____ Separated_____
(Check whatever applies): Divorced_____ Widowed_____ Unknown_____
5. Your Name _____
Last First Middle
6. Your Address _____
No. and Street _____
City State Zip Code
7. Your Telephone No. _____
8. Your Soc. Sec. No. _____
9. Your Date of Birth _____
10. Your Relationship to Deceased _____

The following documents must accompany this Application, unless previously submitted:

- A certified Death Certificate.
- If the deceased was divorced, complete copies of any Judgment(s) of Dissolution of Marriage, marital settlement agreement(s) and any Qualified Domestic Relations Orders.
- If you are the child of the deceased, your birth certificate.

Plan Pre-Retirement Death Benefit for Non-Spouse Beneficiaries

The Plan pays the following benefit to the eligible beneficiary of a single employee who dies before retirement. The amount of the benefit is equal to \$4,000 per year of accrued Benefit Credit, but not to exceed the lesser of: \$100,000 (for 25 or more years of service) or 100 times the monthly Normal Retirement Benefit earned through the date of death. This benefit is payable in installments over a 12-month period or as an actuarially equivalent lump sum, subject to an annual Plan limit on lump sum death benefits.

a. If you elect installment payments, your benefit will be:

12 monthly payments of \$ _____.

b. If you elect a lump sum, your benefit will be \$ _____.

ELECTION OF BENEFIT (for Children and Other Non-Spouse Beneficiaries)

I am a member of the following category of beneficiaries of the deceased (circle one):

- 1. designated beneficiary
- 3. child
- 5. sister or brother

- 2. former spouse/alternate payee
- 4. parent
- 6. other (explain): _____

I declare that I know of no other person in the category of persons I have circled above, or in a category above the category I have circled, except for the persons I have listed below:

<u>Name</u>	<u>Address</u>	<u>Category</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I hereby elect to receive the following Pre-Retirement Death Benefit (check one):

- ☐ the Plan Pre-Retirement Death Benefit in installments over a 12-month period.
- ☐ the Plan Pre-Retirement Death Benefit in a single lump sum.

Signature: _____ Date: _____

Your signature must be notarized or witnessed by a Plan representative.

Attach notary certificate here if not signed below.

Signature of Plan Representative

Date