

U. A. LOCAL NO. 159 DEFINED BENEFIT PLAN
APPLICATION FOR PRE-RETIREMENT DEATH BENEFITS
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 you were married to the deceased on the date of death, your marriage certificate.
- If you were married to the deceased and later divorced, complete copies of the Judgment of Dissolution of Marriage, marital settlement agreement and any Qualified Domestic

EXPLANATION OF PRE-RETIREMENT DEATH BENEFITS

Plan Pre-Retirement Death Benefit for Spouses:

A monthly benefit payable to the spouse of a married, vested employee who dies before retirement, unless the spouse elects the Plan Pre-Retirement Death Benefit below. The amount of the QPSA, for a spouse who is five or less years younger than the deceased participant, is equal to 100% of the Normal Retirement Benefits earned by the Participant for Credited Service to the date of death (the benefit is actuarially reduced for spouses more than 5 years younger than the participant). The benefit may begin at any time after the participant would have become eligible for a Normal or Service Retirement and is reduced for early retirement if it begins before the participant would have attained age 65.

OPTION 1

The earliest date on which you may begin to receive this benefit is_____.

On this date, your benefit will be: \$ _____ per month for your lifetime.

ELECTION OF BENEFIT (for Spouses Only)

I am the surviving spouse of the Plan participant named above. I was married to the Plan participant at the time of death. I affirm under penalty of law that my spouse and I did not have a valid waiver of this benefit in effect at the time of death.

I hereby elect to receive the following benefit (check one):

OPTION 1

☐ **I elect to receive the monthly Pre-Retirement Death Benefit:**

Effective Date: _____

Signature: _____ Date: _____

THIS FORM MUST BE NOTARIZED OR WITNESSED BY A PLAN REPRESENTATIVE
