



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

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APPLICATION FOR BENEFITS

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY**
2. SEND IN ALL REQUESTED DOCUMENTATION.
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE
5. WHEN THE PROCESS IS COMPLETED; YOUR APPLICATION WILL BE PRESENTED TO THE BOARD OF TRUSTEES

NOTE: YOU MUST SUBMIT AN ORIGINAL APPLICATION DOCUMENT, NOT PHOTOCOPIES OR A FAX.

SURVIVOR'S BENEFIT

MEMBER'S NAME

LAST FIRST MIDDLE

ADDRESS:

AND STREET CITY STATE ZIP CODE

SOC SEC #

DATE OF BIRTH

DATE OF DEATH

MONTH DAY YEAR MONTH DAY YEAR

WAS THE MEMBER PREVIOUSLY MARRIED AND DIVORCED? YES NO

PLEASE PROVIDE A COMPLETE CERTIFIED COPY OF THE ORDER, AGREEMENT, & OR DIVORCE DECREE(S), INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF THE ANNUITY

PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE

PRIMARY BENEFICIARY

LAST FIRST MIDDLE

ADDRESS:

AND STREET CITY STATE ZIP CODE

SOC SEC #

Phone #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

MONTH DAY YEAR

PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

EMAIL ADDRESS

DRIVER'S LICENSE STATE ISSUED ID
BIRTH CERTIFICATE MILITARY RECORD
MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH)

WERE YOU LEGALLY MARRIED AT THE TIME OF DEATH? YES NO

MINOR CHILD BENEFICIARY

LAST FIRST MIDDLE

ADDRESS:

AND STREET CITY STATE ZIP CODE

SOC SEC #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

CONTACT PHONE #

MONTH DAY YEAR

PAYMENT METHOD

- DIRECT ROLLOVER DISTRIBUTION TO BE PAID IN LUMP SUM INSTALLMENTS OVER A PERIOD OF
 60 MONTHS 120 MONTHS

ONLY COMPLETE THIS PAGE IF YOU ARE DOING A DIRECT ROLLOVER
IF NOT, PLEASE MOVE ON TO PAGE 3

DIRECT ROLLOVER TRANSFERS

MUST INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION

FINANCIAL INSTITUTION NAME:

ADDRESS

CITY

STATE

ZIP CODE

IDENTIFICATION # OF IRA OR NEW EMPLOYER PLAN#

IF YOU HAVE ELECTED A DIRECT ROLLOVER OF YOUR ANNUITY BENEFIT, PLEASE READ & SIGN
THE FOLLOWING STATEMENT

CERTIFICATION

*I VERIFY THAT THE RECIPIENT OF THE DIRECT ROLLOVER THAT IS NAMED ABOVE IN AN INDIVIDUAL
RETIREMENT ACCOUNT OR NEW EMPLOYER PLAN THAT ACCEPTS ROLLOVERS. I UNDERSTAND THAT
PAYMENT OF MY BENEFITS TO THE TRUSTEES OF THE IRA OR QUALIFIED EMPLOYER PLAN WILL RELEASE
THE TRUSTEES OF THE SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND FROM ANY
FURTHER OBLIGATIONS OR RESPONSIBILITIES WITH RESPECT TO THE BENEFITS SO PAID.*

BENEFICIARY'S NOTARIZED SIGNATURE _____

DATE _____

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____

DAY OF _____

20 _____

BY _____

(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC

**THIS PAGE MUST BE SIGNED AND NOTARIZED IN ORDER FOR YOUR APPLICATION
TO BE ACCEPTED AND PROCESSED**

MINOR CHILD/GUARDIAN CONSENT

MINOR CHILD SIGNATURE/GUARDIAN _____

DATE _____

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____
(Print Child/Guardian's Name)

SIGNATURE OF NOTARY PUBLIC _____

BENEFICIARY'S CONSENT

BENEFICIARY'S NOTARIZED SIGNATURE _____

DATE _____

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____
(Print Beneficiary's Name)

SIGNATURE OF NOTARY PUBLIC _____