



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

5100 ED SMITH WAY, SUITE A MARION, IL 62959 PHONE:618-998-1300 FAX:618-997-9063

SURVIVOR'S APPLICATION FOR BENEFITS

ORIGINAL APPLICATION MUST BE RETURNED BY MAIL

FAXED OR EMAILED COPIES OF THIS DOCUMENT WILL NOT BE ACCEPTED.
WE MUST RECEIVE THE ORIGINAL APPLICATION FOR YOUR REQUEST TO BE CONSIDERED.

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING OUT

1. IDENTIFICATION **MUST** BE PROVIDED FOR BOTH **MEMBER & SPOUSE.**
2. ALL SIGNATURES **MUST** BE NOTARIZED.
3. **DEADLINE:** MUST BE **RECEIVED BY 25TH** OF THE MONTH, CHECKS ARE **MAILED THE 10TH** OF THE NEXT MONTH.
4. APPLICATION MUST BE FILLED OUT IN ITS **ENTIRETY** TO BE PRESENTED TO THE TRUSTEES FOR APPROVAL.

CERTIFIED DEATH CERTIFICATE IS REQUIRED

DECEASED
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

MARTIAL STATUS OF DECEASED

MUST PROVIDE A COMPLETE COPY OF THE ORDER, AGREEMENT, AND/OR DIVORCE DECREE(S) INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY

DIVORCED

MUST CHECK ONE

YES ☐

NO ☐

SINGLE ☐

MARRIED ☐

WIDOWED ☐

MUST PROVIDE A CERTIFIED 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

ONE FORM OF ID MUST BE INCLUDED

EMAIL ADDRESS

DRIVER'S LICENSE ☐

STATE ISSUED ID ☐

BIRTH CERTIFICATE ☐

PASSPORT ☐

CERTIFIED BIRTH CERTIFICATE IS REQUIRED

MINOR CHILD
BENEFICIARY

LAST

FIRST

MIDDLE

ADDRESS:

AND STREET

CITY

STATE

ZIP CODE

SOC SEC #

CONTACT PHONE #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

MONTH

DAY

YEAR

PAYMENT METHOD

NOTE: MUST PROVIDE BANKING INFORMATION FOR MINOR CHILDREN (SEE EXAMPLE FORM ATTACHED)

☐ TOTAL DISTRIBUTION

☐ INSTALLMENTS OVER A PERIOD OF

☐ TRANSFER TO EXISTING RETIREMENT PLAN

☐ 60 MONTHS

☐ 120 MONTHS

**NOTARY MUST WITNESS SIGNATURES FOR 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)

OFFICIAL NOTARY SEAL

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)

OFFICIAL NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC _____

TRANSFER TO EXISTING RETIREMENT PLAN INFORMATION

ACCEPTANCE LETTER FROM FINANCIAL INSTITUTION NEEDS ATTACHED

RETIREMENT COMPANY NAME:

ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT #

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

CERTIFICATION

I VERIFY THAT THE RECIPIENT OF THE DIRECT ROLLOVER THAT IS NAMED ABOVE HAS 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)

OFFICIAL NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC