



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

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SURVIVOR'S APPLICATION FOR BENEFITS

ORIGINAL DOCUMENT MUST BE SUBMITTED

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT. ORIGINAL DOCUMENT MUST BE SUBMITTED, NO COPIES

1. ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY.**
2. SEND IN ALL REQUESTED DOCUMENTATION. IDENTIFICATION DOCUMENTS **MUST** BE CERTIFIED COPIES.
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE.
5. APPLICATION MUST BE RECEIVED BY THE 25TH OF MONTH TO BE PRESENTED TO THE TRUSTEES.
6. CHECKS ARE WRITTEN AND MAILED THE 10TH OF THE NEXT MONTH.

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

SINGLE ☐

MARRIED ☐

CHECK ONE YES ☐ NO ☐
DIVORCED AND/OR
PREVIOUSLY DIVORCED

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

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

MUST 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) ☐

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

☐ DISTRIBUTION TO BE PAID IN LUMP SUM

☐ INSTALLMENTS OVER A PERIOD OF

☐ DIRECT ROLLOVER

☐ 60 MONTHS

☐ 120 MONTHS

**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 _____

ONLY COMPLETE THIS PAGE IF YOU ARE REQUESTING A DIRECT ROLLOVER

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