



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 DOCUMENT MUST BE SUBMITTED

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. 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
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SOC SEC #	DATE OF BIRTH	DATE OF DEATH
	MONTH DAY YEAR	MONTH DAY YEAR

MARTIAL STATUS OF DECEASED	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	
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CHECK ONE YES <input type="checkbox"/> NO <input type="checkbox"/>	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
DIVORCED AND/OR PREVIOUSLY DIVORCED	

WIDOWED <input type="checkbox"/>	MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE
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PRIMARY BENEFICIARY			
	LAST	FIRST	MIDDLE

ADDRESS:

# AND STREET	CITY	STATE	ZIP CODE
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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 <input type="checkbox"/> STATE ISSUED ID <input type="checkbox"/>	
BIRTH CERTIFICATE <input type="checkbox"/> MILITARY RECORD <input type="checkbox"/>	
MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH) <input type="checkbox"/>	

CERTIFIED BIRTH CERTIFICATE IS REQUIRED

MINOR CHILD BENEFICIARY			
	LAST	FIRST	MIDDLE

ADDRESS:

# AND STREET	CITY	STATE	ZIP CODE
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SOC SEC #	CONTACT PHONE #	DATE OF BIRTH	RELATIONSHIP TO MEMBER
		MONTH DAY YEAR	

PAYMENT METHOD

- | | |
|--------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> DISTRIBUTION TO BE PAID IN LUMP SUM | <input type="checkbox"/> INSTALLMENTS OVER A PERIOD OF |
| <input type="checkbox"/> DIRECT ROLLOVER | <input type="checkbox"/> 60 MONTHS <input type="checkbox"/> 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

LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION MUST BE INCLUDED

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