



# 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 #

CONTACT PHONE #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

MONTH DAY YEAR

PLEASE INCLUDE A COPY OF A CERTIFIED BIRTH CERTIFICATE

## 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**