



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. IDENTIFICATION **MUST** BE PROVIDED (SEE EXAMPLES).
3. ALL SIGNATURES **MUST** BE NOTARIZED.
4. **DEADLINE:** MUST BE RECEIVED BY 25TH OF THE MONTH, CHECKS ARE MAILED THE 10TH OF THE NEXT MONTH.
5. 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
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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

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 <input type="checkbox"/>	NO <input type="checkbox"/>	SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>
WIDOWED <input type="checkbox"/>		MUST PROVIDE A CERTIFIED COPY OF THE DEATH CERTIFICATE			

PRIMARY BENEFICIARY	LAST	FIRST	MIDDLE
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ADDRESS:

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

ID EXAMPLES: MUST INCLUDE ONE OF THE FOLLOWING

DRIVER'S LICENSE <input type="checkbox"/> STATE ISSUED ID <input type="checkbox"/> BIRTH CERTIFICATE <input type="checkbox"/> PASSPORT <input type="checkbox"/>	EMAIL ADDRESS
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CERTIFIED BIRTH CERTIFICATE IS REQUIRED

MINOR CHILD BENEFICIARY	LAST	FIRST	MIDDLE
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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

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

- | | |
|---|--|
| <input type="checkbox"/> LUMP SUM DISTRIBUTION (SIGN & NOTARIZE PAGE 2) | <input type="checkbox"/> INSTALLMENTS OVER A PERIOD OF |
| <input type="checkbox"/> DIRECT ROLLOVER (must fill out Page 3) | <input type="checkbox"/> 60 MONTHS <input type="checkbox"/> 120 MO |

**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)

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

ONLY COMPLETE THIS PAGE IF YOU ARE REQUESTING A DIRECT ROLLOVER

**MUST INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION
CONFIRMING ACTIVE ACCOUNT (SEE ATTACHED EXAMPLE)**

FINANCIAL INSTITUTION NAME:

ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT #

**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)

OFFICIAL NOTARY SEAL

SIGNATURE OF NOTARY PUBLIC