

# Southwest Asbestos Workers Pension Fund

## **Fund Office**

8441 Gulf Freeway, Suite 304  
Houston, TX 77017

Phone: (713) 643-9300  
Toll Free: (866) 236-3148  
Fax: (866) 316-4794

## **Widow Application**

(PLEASE PRINT ALL INFORMATION CLEARLY)



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## APPLICATION FOR BENEFICIARY PENSION BENEFITS

TO THE JOINT BOARD OF TRUSTEES:

In accordance with the provisions of the Southwest Asbestos Workers Pension Fund, I hereby apply for Beneficiary Pension and or death benefits, if any, payable to me. I submit the following information for the purpose of obtaining such benefit, and hereby certify that it is true and correct to the best of my knowledge and belief. I am attaching proof of my age, proof of my spouse's age, a copy of our Marriage License and a copy of the Death Certificate.

### PLEASE PRINT OR TYPE

Employee's  
Full Name \_\_\_\_\_

Employee's  
Social Security # \_\_\_\_\_

Employee's  
Date of Birth \_\_\_\_\_

Date of  
Marriage \_\_\_\_\_

Employee's  
Date of Death \_\_\_\_\_

Beneficiary  
First Name \_\_\_\_\_

Beneficiary  
Maiden Name \_\_\_\_\_

Beneficiary  
Date of Birth \_\_\_\_\_

Beneficiary  
Social Security # \_\_\_\_\_

Beneficiary  
Address \_\_\_\_\_  
Number & Street or P. O. Box City & State Zip Code

Signature  
of Witness \_\_\_\_\_

Signature  
of Beneficiary \_\_\_\_\_

### **FOR FUND OFFICE USE ONLY**

Death Benefit \$ \_\_\_\_\_ Date of Benefit \_\_\_\_\_ Monthly Amount \$ \_\_\_\_\_

Initial Certification By: \_\_\_\_\_ Date \_\_\_\_\_

Approved By: \_\_\_\_\_ Date \_\_\_\_\_

# Southwest Asbestos Workers Local 94 Pension Fund

## BENEFIT RESOURCES, INC.

8441 GULF FREEWAY, SUITE 304

HOUSTON, TEXAS 77017

TELEPHONE: (866) 236-3148

FAX: (866) 316-4794

### DIRECT DEPOSIT BANKING AGREEMENT

Name \_\_\_\_\_  
Last First Middle Telephone Number

Address \_\_\_\_\_  
Street City or Town State Zip

Social Security Number \_\_\_\_\_

- A.  I do not wish to have my check deposited directly into my account at this time.  
 I hereby authorize the Custodian of the Southwest Asbestos Workers Local 94 Pension Fund ("Plan") to directly deposit and transmit my monthly retirement benefits to the account specified below.

#### Bank Information:

Bank Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_  
Street City or Town State Zip

Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

For credit to:  Checking  Savings

I also authorize the Custodian to charge the above account, or any other account in my name, for improper overpayments made to me and to refund any and all overpayments to the Southwest Asbestos Workers Local 94 Pension Fund. I hereby release the Trustees and Plan from any liability concerning any obligations of the Custodian related to the direct deposit of my benefit payment.

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SIGNATURE OF RECIPIENT

DATE