

# Houston Area Teamsters Pension Fund

8441 GULF FREEWAY, SUITE 304, HOUSTON, TEXAS 77017 TEL (713) 643-9300 FAX (866) 316-4794

## APPLICATION FOR BENEFICIARY PENSION BENEFITS

TO THE JOINT BOARD OF TRUSTEES:

In accordance with the provisions of the Houston Area Teamsters Pension Plan, 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

I, the undersigned, in applying for these benefits, do certify that I will notify the Pension Fund Office of my remarriage, should it occur, within 15 days of such remarriage.

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 \_\_\_\_\_