NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST

| | P.O. Box 34203 | Seattle, WA 98124 | (206) 664-7300 | (800) 426-7132 | | |
|--|-----------------------------------|-------------------|------------------|----------------|--|--|
| | POST-RETIREMENT DEATH APPLICATION | | | | | |
| BALANCE OF SIXTY (60) MONTHLY PAYMENTS | | | | | | |
| 1. | Name of Retiree | | | | | |
| 2. | Social Security No. | | | | | |
| 3. | Last Employer Name of Cor | npany | City | | | |
| 4. | Date Retired | | 5. Union Local | | | |
| 6. | Date of Birth | | 7. Date of Death | 1 | | |
| | | | | | | |
| 8. | Name of Beneficiary | | 9. Relationship | | | |
| 10. | Social Security No. | | 11. Telephone No | | | |
| 12. | Address Street and Number | City | St | ate Zip Code | | |
| 13. | Date of Birth | | | | | |

I hereby make application for the balance of benefits payable under the form of benefit selected by the above retiree from the NORTHWEST GLASS, MOLDERS, POTTERY, PLASTICS AND ALLIED WORKERS PENSION TRUST. I submit herewith a copy of the death certificate of the Retiree.

Please check the box below which applies:

□ I am the only surviving biological or adopted child of the Retiree.

 \Box The Retiree had other surviving biological or adopted children (you must supply all names below, along with addresses or phone numbers if possible).

Beneficiary or Legal Custodian's Signature

Date

| NOTARIZATION | | | | |
|---------------------------------------|--|--|--|--|
| Subscribed and sworn to before me | | | | |
| this day of, 19 | | | | |
| Signature | | | | |
| Notary Public in and for the State of | | | | |
| Residing at | | | | |
| My commission expires | | | | |
| | | | | |