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

P.O. Box 34203 Seattle, WA 98124 (206) 329-1120 (800) 426-7132

POST-RETIREMENT DEATH APPLICATION

(SPOUSE BENEFICIARY)

BALANCE OF SIXTY (60) MONTHLY PAYMENTS

1. Name of Retiree _____

2. Social Security No. _____

3. Last Employer _____
   Name of Company City

4. Date Retired _____ 5. Union Local _____

6. Date of Birth _____ 7. Date of Death _____

8. Name of Spouse _____

10. Social Security No. _____ 11. Telephone No._____

12. Address _____
    Street and Number City State 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 each of the following documents:

(1) Death Certificate of Retiree

(2) Birth Certificate of Spouse

(3) Marriage Certificate

_____ _____
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 _____