**DISTRICT COUNCIL IRON WORKERS OF NORTHERN NEW JERSEY ANNUITY FUND**
**12 EDISON PLACE, SPRINGFIELD, NJ 07081-1310 (973) 376-7230**

**ANNUITY BENEFIT APPLICATION**
**TO BE COMPLETED BY EXECUTOR OR ADMINISTRATOR OF ESTATE**

PLEASE READ THIS APPPLICATION CAREFULLY BEFORE ANSWERING ANY QUESTIONS. PRINT THE ANSWERS TO ALL QUESTIONS, WHICH APPLY TO YOU. IF ANY PART OF THIS APPLICATION IS NOT ENTIRELY CLEAR DO NOT HESITATE TO CALL THE FUND OFFICE FOR ASSISTANCE.

**(A) REGARDING DECEASED**

**NAME:**_____
LAST FIRST MIDDLE

ADDRESS:_____
No. & STREET CITY & STATE ZIP CODE

**SOCIAL SECURITY #:**_____ - _____ - _____**LOCAL UNION #:**_____

**DATE OF DEATH:**_____/_____/_____**(Please attach a certified copy of the Death Certificate)**

**DATE LAST WORKED (If known):**_____/_____/_____**LAST EMPLOYER (If known)**_____
**……**

**(B) REGARDING THE BENEFICIARY**

**NAME:**_____**PHONE# ( ) _____**

ADDRESS:_____
No. & STREET CITY & STATE ZIP CODE

**SS# OF BENEFICIARY:**_____/_____/_____or **ESTATE ID#:**_____

**DATE OF BIRTH:**_____/_____/_____

**I hereby apply for benefits that may be payable from the District Council Iron Workers of Northern New Jersey Annuity Fund, as follows:**

**CHECK ONE: ____ONE LUMP SUM PAYMENT**
**____Monthly installments in the amount of $_____until the total amount in the account is exhausted. (Maximum 60 monthly installments.)**
**____Combination of a Lump Sum payment in the amount of $_____and monthly installments of $_____(Maximum 60 monthly installments.)**
**____Hold balance until requested.**

THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE STATEMENT MAY DISQUALIFY ME FOR ANNUITY BENEFITS, AND THAT THE TRUSTEES SHALL HAVE THE RIGHT TO RECOVER ANY PAYMENTS MADE TO ME BECAUSE OF A FALSE STATEMENT.

_____ _____
**DATE SIGNED** **SIGNATURE OF APPLICANT**

**On this _____day of_____20____, before me, a Notary Public came_____, known to me or satisfactorily identified to me and who did execute this form in my presence.**

_____
**Notary Public**

**YOU WILL BE NOTIFIED IN WRITING OF THE DECISION BY THE BOARD OF TRUSTEES.**