



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

5100 ED SMITH WAY, SUITE A MARION, IL 62959 PHONE:618-998-1300 FAX:618-997-9063

APPLICATION FOR BENEFITS

PLEASE READ THIS FORM CAREFULLY BEFORE FILLING IT OUT.

1. ANSWER **ALL** QUESTIONS - **PLEASE USE BLACK OR BLUE INK ONLY**
 2. SEND IN ALL REQUESTED DOCUMENTATION.
 3. ALL SIGNATURES MUST BE NOTARIZED
 4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE
 5. WHEN THE PROCESS IS COMPLETED; YOUR APPLICATION WILL BE PRESENTED TO THE BOARD OF TRUSTEES
- NOTE: YOU MUST SUBMIT AN ORIGINAL APPLICATION DOCUMENT, NOT PHOTOCOPIES OR A FAX.**

SURVIVOR'S BENEFIT

MEMBER'S NAME

LAST

FIRST

MIDDLE

ADDRESS:

AND STREET

CITY

STATE

ZIP CODE

SOC SEC #

DATE OF BIRTH

DATE OF DEATH

MONTH

DAY

YEAR

MONTH

DAY

YEAR

MARTIAL STATUS OF MEMBER

SINGLE ☐

MARRIED ☐

DIVORCED ☐

WIDOWED ☐

*PLEASE PROVIDE A COMPLETE CERTIFIED COPY OF THE ORDER, AGREEMENT, &/OR DIVORCE DECREE(S),
INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF THE ANNUITY*

PLEASE PROVIDE A COPY OF THE DEATH CERTIFICATE

PRIMARY
BENEFICIARY

LAST

FIRST

MIDDLE

ADDRESS:

AND STREET

CITY

STATE

ZIP CODE

SOC SEC #

Phone #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

MONTH

DAY

YEAR

PLEASE INCLUDE A COPY OF ONE OF THE FOLLOWING:

- DRIVER'S LICENSE ☐ STATE ISSUED ID ☐
BIRTH CERTIFICATE ☐ MILITARY RECORD ☐
MARRIAGE CERTIFICATE (MUST SHOW DATE OF BIRTH) ☐

EMAIL ADDRESS

MINOR CHILD
BENEFICIARY

LAST

FIRST

MIDDLE

ADDRESS:

AND STREET

CITY

STATE

ZIP CODE

SOC SEC #

CONTACT PHONE #

DATE OF BIRTH

RELATIONSHIP TO MEMBER

MONTH

DAY

YEAR

CERTIFIED BIRTH CERTIFICATE IS REQUIRED

PAYMENT METHOD

- ☐ DISTRIBUTION TO BE PAID IN LUMP SUM
☐ DIRECT ROLLOVER

- ☐ INSTALLMENTS OVER A PERIOD OF
☐ 60 MONTHS ☐ 120 MONTHS

**THIS PAGE MUST BE SIGNED AND NOTARIZED IN ORDER FOR YOUR APPLICATION
TO BE ACCEPTED AND PROCESSED**

MINOR CHILD/GUARDIAN CONSENT

MINOR CHILD SIGNATURE/GUARDIAN _____

DATE _____

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

(Print Child/Guardian's Name)

SIGNATURE OF NOTARY PUBLIC _____

BENEFICIARY'S CONSENT

BENEFICIARY'S NOTARIZED SIGNATURE _____

DATE _____

STATE OF _____

COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

(Print Beneficiary's Name)

SIGNATURE OF NOTARY PUBLIC _____

ONLY COMPLETE THIS PAGE IF YOU ARE DOING A DIRECT ROLLOVER

DIRECT ROLLOVER TRANSFERS

MUST INCLUDE LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION

FINANCIAL INSTITUTION NAME:

ADDRESS

CITY

STATE

ZIP CODE

IDENTIFICATION # OF IRA OR NEW EMPLOYER PLAN#

**IF YOU HAVE ELECTED A DIRECT ROLLOVER OF YOUR ANNUITY BENEFIT, PLEASE READ & SIGN
THE FOLLOWING STATEMENT**

CERTIFICATION

*I VERIFY THAT THE RECIPIENT OF THE DIRECT ROLLOVER THAT IS NAMED ABOVE IN AN INDIVIDUAL
RETIREMENT ACCOUNT OR NEW EMPLOYER PLAN THAT ACCEPTS ROLLOVERS. I UNDERSTAND THAT
PAYMENT OF MY BENEFITS TO THE TRUSTEES OF THE IRA OR QUALIFIED EMPLOYER PLAN WILL RELEASE
THE TRUSTEES OF THE SOUTHERN ILLINOIS LABORERS' & EMPLOYERS' ANNUITY FUND FROM ANY
FURTHER OBLIGATIONS OR RESPONSIBILITIES WITH RESPECT TO THE BENEFITS SO PAID.*

BENEFICIARY'S NOTARIZED SIGNATURE

DATE

STATE OF

COUNTY OF

SIGNED BEFORE ME ON THE

DAY OF

20

BY

(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC