



SOUTHERN ILLINOIS LABORER'S & EMPLOYERS ANNUITY FUND

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

SURVIVOR'S APPLICATION FOR BENEFITS

ORIGINAL DOCUMENT MUST BE SUBMITTED

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. IDENTIFICATION DOCUMENTS MUST BE CERTIFIED COPIES.
3. ALL SIGNATURES MUST BE NOTARIZED
4. YOUR APPLICATION WILL NOT BE PROCESSED UNLESS THIS PROCEDURE IS COMPLETE.
5. APPLICATION MUST BE RECEIVED BY THE 25TH OF MONTH TO BE PRESENTED TO THE TRUSTEES.
6. CHECKS ARE WRITTEN AND MAILED THE 10TH OF THE NEXT MONTH.

CERTIFIED DEATH CERTIFICATE IS REQUIRED

DECEASED 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 DECEASED

MUST PROVIDE A COMPLETE COPY OF THE ORDER, AGREEMENT, AND/OR DIVORCE DECREE(S) INCLUDING ANY ORDER(S) WHICH MAY AFFECT DISTRIBUTION OF YOUR ANNUITY

DIVORCED MUST CHECK ONE YES NO SINGLE MARRIED

WIDOWED

MUST PROVIDE A CERTIFIED 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

MUST INCLUDE A COPY OF ONE OF THE FOLLOWING:

EMAIL ADDRESS

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

CERTIFIED BIRTH CERTIFICATE IS REQUIRED

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

PAYMENT METHOD

- DISTRIBUTION TO BE PAID IN LUMP SUM INSTALLMENTS OVER A PERIOD OF
 DIRECT ROLLOVER 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 REQUESTING A DIRECT ROLLOVER

**LETTER OF ACCEPTANCE FROM FINANCIAL INSTITUTION MUST BE INCLUDED
CONFIRMING ACTIVE ACCOUNT**

FINANCIAL INSTITUTION NAME:

ADDRESS

CITY

STATE

ZIP CODE

ACCOUNT #

**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.*

DATE

BENEFICIARY'S NOTARIZED SIGNATURE

STATE OF _____
COUNTY OF _____

SIGNED BEFORE ME ON THE _____ DAY OF _____ 20____

BY _____

(Print Member's Name)

SIGNATURE OF NOTARY PUBLIC