

## BENEFICIARY FORM FOR PENSION BENEFITS

(Please print clearly in blue or black ink. If completing online, please type in your information.)

Member's name:

Member ID #:

Member's date of death:

Beneficiary's name:

Beneficiary's ID #:

I, \_\_\_\_\_, am the \_\_\_\_\_  
BENEFICIARY'S FULL NAME RELATIONSHIP TO MEMBER

of the deceased 1199SEIU member.

My date of birth is \_\_\_\_\_. My Social Security number is \_\_\_\_\_.  
DATE OF BIRTH (MM/DD/YYYY) SOCIAL SECURITY NUMBER

My address is \_\_\_\_\_  
ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

My home phone number is \_\_\_\_\_. My cell phone number is \_\_\_\_\_.  
HOME PHONE NUMBER CELL PHONE NUMBER

My email address is \_\_\_\_\_  
EMAIL ADDRESS

My country of citizenship is \_\_\_\_\_  
COUNTRY OF CITIZENSHIP

**Note: All physical mail related to this claim will be sent to the postal address listed above.**

**X** \_\_\_\_\_  
BENEFICIARY'S SIGNATURE DATE (MM/DD/YYYY)

**X** \_\_\_\_\_  
NOTARY SIGNATURE DATE (MM/DD/YYYY) NOTARY STAMP

**Please attach clear copies of the following required documents:**

- Your Social Security card **or** the letter from the Internal Revenue Service (IRS) confirming your Individual Taxpayer Identification Number (ITIN);
- Proof of citizenship and age, which can be satisfied by submitting one of the following: birth certificate, driver license, naturalization papers, passport or resident alien card; **and**
- The 1199SEIU member's death certificate.

**Send completed form and required documents by mail to  
1199SEIU Pension Funds, PO Box 975, New York, NY 10108-0975, or by fax to (646) 473-8747.**