

# SEAFARERS PENSION PLAN

5201 Capital Gateway Drive ■ Camp Springs, MD 20746 ■ P: (800) 252-4674 (Option 2) ■ F: (301) 702-6074 ■ [www.seafarers.org](http://www.seafarers.org)

## SURVIVING SPOUSE APPLICATION

This application is for the surviving spouse of a Pensioner or vested employee in the Seafarers Pension Plan ("Plan") applying for a Survivor Annuity. Complete Section 1 as it applies to the deceased pensioner or vested employee and Section 2 as it applies to you. Section 3 of the application must be signed by you in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative. Complete and return the application by: email: [pensions@seafarers.org](mailto:pensions@seafarers.org) fax: (301) 702-6074; or mail: Pension Department, 5201 Capital Gateway Drive, Camp Springs, MD 20746

### 1 Pensioner/Vested Employee's Information

- Copy of Death Certificate Required

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Death

#### Survivor Annuity Benefit Offset

In the event that your spouse received an overpayment from the Plan because pension benefits were inadvertently paid to your spouse after his or her death or otherwise, the Plan will offset the amount of any overpayment inadvertently paid to the pensioner from the amount of your survivor annuity until the Plan is reimbursed in full for the amount of the overpayment.

### 2 Surviving Spouse's Information

You must sign Section 3 in the presence of a Notary Public or witnessed by an authorized SIU/Plan Representative:

- Copy of Marriage Certificate Required
- Copy of your Social Security Card or ITIN Required
- Copy of your Birth Certificate Required

Surviving Spouse's Full Name (First, Middle Initial, Last)

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

### 3 Surviving Spouse's Signature

I certify that I am the spouse of the deceased pensioner or vested employee above and that I was legally married to him or her for at least 12 months prior to his or her date of death.

If my spouse was a pensioner, I understand that any monthly pension benefit paid to him or her after his or her death must be returned or refunded to the Plan, regardless of if the funds were payable by check or direct deposit. If an overpayment is not recovered by the Plan, I acknowledge that a deduction from any Survivor Annuity payable will be made in full satisfaction of any funds issued.

I certify that the information that I have provided on this application is true and correct and I recognize that the Seafarers Pension Plan will rely on the information for death benefit purposes. I understand if I knowingly provided false or misleading information, I may be guilty of a criminal offense.

Surviving Spouse's Signature

Date Signed

### THIS SECTION MUST BE COMPLETED BY A NOTARY PUBLIC OR AN AUTHORIZED SIU/PLAN REPRESENTATIVE

State of: \_\_\_\_\_ County of: \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, the undersigned,  
Day Month Year Notary Public or SIU/Plan Representative's Name

personally appeared \_\_\_\_\_, satisfactorily proven to be the person named in and personally signed, sealed, and  
Surviving Spouse's Name  
delivered this Surviving Spouse Application as his or her act and deed.

Notary Public's or SIU/Plan Representative's Signature

Date Signed