

# 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)

## DEATH BENEFIT APPLICATION

This application is for a Beneficiary of a Pensioner in the Seafarers Pension Plan ("Plan") applying for a death benefit within one year of the Pensioner's death. Complete Section 1 as it applies to the deceased pensioner 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's Information

- Copy of Death Certificate Required

Full Name (First, Middle Initial, Last)

XXX-XX-

Social Security Number

Date of Death

#### Marital Status

- Single  
 Married  
 Divorced  
 Widow(er)

#### Funeral Expense Deduction

Death benefits are subject to a funeral expense deduction. Please provide a copy of the Itemized Funeral Bill and select one of the following:

- No, the funeral bill is unpaid  
 Yes, the funeral bill was paid by \_\_\_\_\_

#### Death Announcement in the Seafarers LOG

The Pensioner's death will be announced in a future edition of the Seafarers LOG. If you would also like for him or her to be pictured in the LOG, please include a passport sized photo of the pensioner along with your application.

### 2 Beneficiary's Information

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

- Copy of your Social Security Card or ITIN Required
- Copy of supporting document(s) verifying your relationship to the deceased pensioner

Beneficiary's Full Name (First, Middle Initial, Last)

Relationship

Social Security Number

Date of Birth

Age

Mailing Address

City

State

Zip Code

Cell Phone Number

Home Phone Number

Email

### 3 Beneficiary's Signature

As the designated beneficiary of the deceased pensioner above, I understand that in order to qualify for the Plan's maximum benefit that I must be a close relative of the Pensioner as considered under the Plan's Rules and Regulations:

Spouse    Grandchild    Grandmother    Mother    Stepmother    Half-sister    Brother    Stepsister    Nephew\*  
Child    Grandfather    Stepchild    Father    Stepfather    Half-brother    Sister    Stepbrother    Niece\*

I acknowledge that the Plan defines a \*Niece and Nephew as the children of a pensioner's brother or sister. I understand that if I am not a close relative of the Pensioner the death benefit will be reduced. I am aware that all death benefits are subject to a funeral expense deduction.

I understand that any monthly pension benefit paid to the pensioner 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 death benefit 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.

Beneficiary'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  
Beneficiary's Name

delivered this Death Benefit Application as his or her act and deed.

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

Date Signed