



**Pension Fund of  
Local No. One, I.A.T.S.E.**  
320 West 46th Street, 6th Floor  
New York, NY 10036  
(212)247-5225

## APPLICATION FOR SURVIVOR BENEFIT

Please carefully fill out the following application with the required information, and take care to sign and date the form. The application, along with all of the required supporting documents, should be returned to the Fund Office at the above address. Thank you!

### Deceased Participant Information

Name of Deceased  Social Security Number   
Date of Birth  (Please submit copy of **birth certificate**.)  
Date of Death  (Please submit copy of **death certificate**.)

### Survivor Applicant Information

Name of Applicant  Social Security Number   
Street Address   
City  State  Zip   
Home Phone  Work Phone  Cell Phone   
Email Address   
Date of Birth  (Please submit copy of **birth certificate**.)  
Relationship to Deceased  (If spouse or child, please submit copy of **marriage or birth certificate**.)

I hereby apply to the Pension Fund of Local No. One, IATSE for the benefits payable under Article II, Section 8 (B) of the Pension Plan on behalf of the above deceased participant. I understand that payment of this benefit is subject to all the rules and regulations of the Pension Plan and that the submission of false or misleading information may be grounds for the denial or suspension of any benefits under the Plan.

**Applicant Signature** \_\_\_\_\_

**Date**

**Official Use Only**