

AUTOMOTIVE INDUSTRIES PENSION FUND



4160 DUBLIN BOULEVARD SUITE 100 | DUBLIN, CA 94568
TELEPHONE (800) 635-3105 | FAX (925) 588-7121
www.aitrustfunds.org

MONTH, DAY YEAR

Mrs.

,

RE: AUTOMOTIVE INDUSTRIES PENSION PLAN

Member: – UID:

Dear Mrs.

We wish to extend our deepest sympathy to you and your family for the loss of your spouse,
Mr. .

Please complete and return the enclosed Benefit Applications along with the following:

- Notarized Application for Post-Retirement Death Benefits
- Certified copy of the Death Certificate
- Tax Withholding Forms
- Electronic Fund Transfer Form

A pre-addressed envelope is enclosed for your convenience. Please contact the Trust Fund Office should you have questions.

Sincerely,

Pension Department
Administration Office

Enclosure (s)

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INSTRUCTIONS FOR COMPLETING A POST-RETIREMENT DEATH APPLICATION

Complete the application in its entirety. Please file the application promptly with the Trust Fund Office even though you may need more time to obtain some of the required attachments. Forward the necessary documents to the Trust Fund Office as soon as possible.

Your application cannot be processed without the following document(s):

- A. Notarized Application for Post - Retirement Death Benefits
- B. Certified copy of the Death Certificate
- C. Tax Withholding Forms
- D. Electronic Fund Transfer Form

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POST-RETIREMENT DEATH BENEFIT APPLICATION

Deceased Member: _____
First Middle Last

Social Security Number Date of Birth

Date of Death

Application is hereby made for any benefit allowable under the Automotive Industries Pension Plan, due to the death of the above named. It is understood that any benefit provided will be paid in accordance with Article VII, Joint Pension and Post-Retirement Survivor Annuity, as shown in the Pension Plan Document.

Name of Applicant: _____
First Middle Last

Social Security Number Date of Birth

Applicant's Relationship to Deceased: _____

Address: _____
Street City State Zip Code

Phone Number: _____

Email Address: _____

I agree to be bound by all the rules and regulations of the Pension Plan. I hereby declare, under penalty of perjury, that the above statement is true and correct. I understand that a false statement may disqualify me for any death benefits, and that the Trustees shall have the right to recover any payment made to me because of a false statement.

Applicant Signature Date

GENERAL ACKNOWLEDGMENT – NOTARIZATION

State of _____ County of _____

On _____, before me, _____,

Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Notary's Signature (Seal)