



## Claim Form for Survivor Benefits

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Wespath Benefits and Investments (Wespath) understands that you are seeking a claim to a death benefit that may be payable upon the death of the participant listed below. Completion of this form does not guarantee that any benefits will be payable.

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### Part 1 – Deceased Information

Participant name \_\_\_\_\_ Participant Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Participant birth date \_\_\_\_\_  
\_\_\_\_\_  
Date of death \_\_\_\_\_  
Employer(s)/Conference \_\_\_\_\_

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### Part 2 – Claimant Information

Your name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Address \_\_\_\_\_ Primary phone # ( ) \_\_\_\_\_  
\_\_\_\_\_  
Country of citizenship \_\_\_\_\_

Your relationship to deceased:

Spouse    Child    Other (please explain): \_\_\_\_\_

You are claiming benefits as:

Beneficiary    Executor    Trustee    Other (please explain): \_\_\_\_\_

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### Part 3 – Claimant Signature

I know it is a crime for any person to intentionally attempt to defraud or knowingly facilitate a fraud against a trustee of an employee benefit trust fund by submitting an application or filing a claim containing a false or deceptive statement(s).

Under penalties of perjury, I certify that my Social Security Number is correct. I understand that the furnishing of this form is not to be considered as an admission of the validity of the claim, nor a waiver of any of Wespath's rights or defenses. Wespath reserves the right to require further information if necessary.

Claimant signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ .

Signature of notary \_\_\_\_\_ Seal \_\_\_\_\_