

**APPLICATION FOR SURVIVING SPOUSE PENSION
UNITED INDUSTRIAL WORKERS PENSION PLAN**

5201 Capital Gateway Drive
Camp Springs, Maryland 20746-4275
(301) 899-0675

Margaret R. Bowen
Administrator

Deceased Participant: _____ **S.S.#:** _____ - _____ - _____

Date of Participant's Death: ____/____/____

Surviving Spouse: _____ **S.S. #** _____ - _____ - _____

Date of Birth: _____ **Date of Marriage:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: _____ **Citizen of** () USA () Other _____
(Name of Country)

I, _____, spouse of the deceased participant, hereby make application for payment of the Surviving Spouse Pension Benefit provided under the UIW Pension Plan. I certify that I was legally married to the deceased participant for at least 12 months prior to his/her date of death.

To expedite my claim for pension benefits under the UIW Pension Plan, the following required documents have been, or are now being submitted with this Application:

- () A certified copy of participant's death certificate (with raised seal)
- () A certified copy of our marriage license
- () A copy of my (the spouse) Social Security Card or Tax ID (TIN)
- () A copy of my (the spouse) birth certificate or evidence of my birth

Signature of Spouse: _____ **Date:** _____

Verified By: _____ **Print Name:** _____
(Union Representative)

**SIGNATURE OF SPOUSE MUST BE NOTARIZED IF INFORMATION
ON FORM NOT VERIFIED BY UNION REPRESENTATIVE.**