



Central Laborers' Annuity Fund

P.O. Box 1267 • Jacksonville, Illinois 62651 • Phone 217/243-8521 • Fax 217/245-1293

Application for Death Benefits

Instructions:

Please read this application carefully and answer all of the questions that apply to you. If any part of this application is not clear, please contact the Annuity Department at the Fund Office for assistance toll-free at 800/252-6571, extension 6.

Please include a copy of the death certificate with this application.

Part A – Information Regarding the Deceased

Name _____ Date of birth _____
(last) (first) (middle)

Address _____
(number and street) (city) (state) (zip code)

Social Security Number _____ Date of death _____

Was the Deceased married at the time of death? Yes No

Was the Deceased previously married and divorced? Yes No

If the Deceased was previously married and divorced, is there a Domestic Relations Order/Marital Settlement Agreement in effect awarding a portion of his/her pension benefits to the former spouse? Yes* No*

**Please provide a complete, certified copy of the Domestic Relations Order, Marital Settlement Agreement and/or Divorce Decree.*

Part B – Information Regarding the Beneficiary

Beneficiary's Name _____ SSN _____
(last) (first) (middle)

Beneficiary's Address _____
(number and street) (city) (state) (zip code)

Phone number _____ Beneficiary's date of birth _____

Beneficiary's relationship to the Deceased _____

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Part C – Beneficiary is a Minor**

Complete the information in Part C if the beneficiary is a Minor child.

Guardian's Name _____ SSN _____
(last) (first) (middle)

Guardian's Address _____
(number and street) (city) (state) (zip code)

Phone number _____ Guardian's date of birth _____

Guardian's relationship to the Deceased _____

*****If the Annuity Death Benefit amount is \$10,000.00 or more AND the Beneficiary is a Minor, documentation must be provided to the Fund office (certified copy of the court order) regarding the appointment of a Guardian of the beneficiary's (minor's) estate by the circuit court of the county in which the beneficiary (minor) resides.***

Part D – Election of Payment

Note: Complete the information in **Part D only** if you are receiving an Annuity payment in excess of \$3,500.00. If you are receiving an Annuity payment for less than \$3,500.00, the proceeds will automatically be forwarded to you in the form of a lump sum payment.

I elect to receive the accumulated share as follows: (select only one)

1. **Lump Sum Payout.** If this option is selected, the Annuity Fund will pay a single payment equaling the total value of the Annuity account, ***less twenty percent (20%) for federal income taxes.***
2. **Equal Monthly Installments.** If this option is selected, the Annuity Fund will pay the amount of the Annuity account in **60-month** or **120-month** (select one) equal installments. Total interest earnings minus administrative charges over the 60- or 120-month period will be paid in a lump sum at the end of the installment period. If you die after you begin receiving benefit payments, any remaining balance will be paid to your designated beneficiary in a lump sum.
3. **Partial Withdrawal.** (An Annuity account balance of \$1,000.00 or more must exist in order to select this option.) If this option is selected, the Annuity Fund will pay the amount specified below. ***Please be advised that the Annuity Fund will withhold twenty percent (20%) of the amount specified below as payment toward federal income taxes.***

Partial Withdrawal Amount = \$ _____

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Part E – Signature of Applicant

I hereby apply for benefits that may be payable from the Central Laborers' Annuity Fund. The above statements are true to the best of my knowledge and belief. I understand that a false statement may disqualify me for benefits, and that the Trustees shall have the right to recover any payments made to me because of my false statement.

Signature _____

Date _____

You will be notified in writing of the decision made by the Board of Trustees regarding your application for benefits.