

CLEVELAND LONGSHOREMEN'S PENSION FUND

Application for Funeral Expense Benefit

Board of Trustees
Cleveland Longshoremen's Pension Fund

Gentlemen:

It is my understanding that I have been named beneficiary for death benefits provided under Cleveland Longshoremen's Pension Plan by _____. Accordingly, I hereby request a lump sum death benefit in the amount of \$4,000 (gross) in full payment of my claim against the Fund.

You will find attached to this request a certified copy of the death certificate.

Date _____

Name _____

Signature _____

Social Security Number _____

Address _____

City

State

Zip

NOTE: For the application to be valid, the signature of the Beneficiary must be witnessed by a Notary Public.

state of _____)
)SS
county of _____)

Subscribed and sworn before me, a notary public in and for the County and State shown above this

_____ day of _____, 20_____.

(SEAL)

My commission expires: _____

Notary Public