

International Brotherhood of Electrical Workers  
Local Union 716  
Pension Fund  
Houston, Texas

Benefit Office

8441 Gulf Freeway, Suite 304  
Houston, TX 77017

Phone: (713) 643-9300  
Toll Free: (866) 236-3148  
Fax: (866) 316-4794

Widow  
Application

(PLEASE PRINT ALL INFORMATION CLEARLY)





PART II— SIGNATURES

I acknowledge that I have completed the entire Pension Application Form. I hereby certify that the information is true and correct to the best of my knowledge and belief. I understand that a false statement may disqualify me for pension benefits, and that the Trustees shall have the right to recover any payments made to me because of a false statement.

Beneficiary Signature: \_\_\_\_\_

Witness: Signature of Member must be witnessed by a plan Representative or Notary Public

(Select A or B).

A. \_\_\_\_\_  
Name and Title of Plan Representative (Please Print)

\_\_\_\_\_  
Signature of Plan Representative

B. State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, I, \_\_\_\_\_

Hereby certify that \_\_\_\_\_ personally appeared before me on this

day and acknowledged the due execution of the forgoing instrument.

Given under my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_.

My commission expires \_\_\_\_\_

\_\_\_\_\_  
Notary Public

(SEAL)

**DIRECT DEPOSIT BANKING AGREEMENT**

I hereby authorize J P Morgan Chase, as paying Agent for the IBEW Local 716 Pension Fund to transmit my retirement benefits.

**Participant Information:**

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_

Social Security Number \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Direct Deposit is required of all retirees to continue benefit payments from the IBEW 716 Pension.**

**Bank Information:**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

City/State \_\_\_\_\_

Telephone Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

**For credit to:**    **Checking**    **Savings**

I also authorize the bank to charge the above account, or any other account in my name, for payments made after my death and to refund the payment to the IBEW Local 716 Pension Fund.

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SIGNATURE OF RECIPIENT

DATE

Should you have any questions, please contact the fund office @ 1-866-236-3148.

Thank you.