

International Brotherhood of Electrical Workers Local
Union 861
Joint Pension & Retirement Fund
Lake Charles, Louisiana

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 _____, 200____, 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 _____, 200____.

My commission expires _____

Notary Public

(SEAL)