

PENSIONERS STATUS FORM

National Electrical Benefit Fund

Name: _____

Address: _____

Please mail completed form to:

NEBF
2400 Research Blvd Suite 500
Rockville, MD 20850

(Please do not fax or email)

1 Last 4 Digits of SSN	XXX - XX - _____
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2A Recipient Information	<div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> Recipient Name I declare that, to the best of my knowledge, the information on this form is true and complete. <div style="border: 1px solid black; height: 40px; margin-top: 10px;"></div> Recipient Signature
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2B Deceased Recipient	<div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> Date of Death Note: Attach Death Certificate	<p>Signature</p> <div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div> <p style="text-align: center;">Fill appropriate circle 0 Spouse 0 Other</p>
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3 Notary Information	<p>In the state of _____ in the county of _____ on this _____ day of _____ in the year of _____ before me personally appeared _____</p> <p>known to me (or satisfactorily proven) to be the person who is named on this form, whose name is subscribed to within the above signature box and who acknowledged that he/she executed the same for the purpose therein contained. In witness hereof I hereunto set my hand and official seal.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><div style="border: 1px solid black; height: 40px; margin-bottom: 5px;"></div>Notary Signature <div style="border: 1px solid black; height: 30px; margin-top: 10px;"></div>Notary Name <p>My commission expires: <div style="display: flex; align-items: center;"><div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div>/<div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div></p></div><div style="width: 35%; text-align: center;"><div style="border: 1px dashed black; width: 100px; height: 100px; margin: 20px auto;"></div><p>(Seal, Stamp or Certificate required)</p></div></div>
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