

Alaska UFCW Pension Trust
Administered by Zenith American Solutions
12205 SW Tualatin Road, Suite 200
Tualatin, Oregon 97062
Toll Free: (833) 942-2315
Fax: 1(503) 867-8949

Survivor Benefit Application

Deceased's Data

Name: _____ SSN: _____

Date of Birth: _____ Date of Death: _____

Beneficiary Data

Name: _____ SSN: _____

Date of Birth: _____ Phone: _____

Address: _____

Email Address: _____

Relationship upon the date of death: _____

In accordance with the Alaska UFCW Pension Fund, I hereby request payment of the Survivor Benefits to myself as Beneficiary of the above-named deceased. I understand and agree that it is my responsibility to submit all required information needed to establish my eligibility for Survivor Benefits. I hereby represent that all of the information I have provided is true, complete, and accurate. I understand that the Trustees are entitled to recover any amounts overpaid to me, in the case of an overpayment of my Survivor Benefits.

Signature: _____ Date: _____