

UNION TRUSTEES  
James Buchanan  
Thomas J. Kotel  
John E. Kuszynski  
Gregory J. Watson

*Pipe Fitters' Local 597*  
**WELFARE & RETIREMENT FUNDS**  
PETER A. DRISCOLL, ADMINISTRATOR  
45 North Ogden Ave. ♦ Chicago, Illinois 60607  
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EMPLOYER TRUSTEES  
Frederick S. Oyer  
John D. Curran  
Marc Pittas  
Stephen L. Lamb

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**Death Claim Form**  
**Dearborn National Group Life Insurance**

**To be completed by Beneficiary**

\* **If there is more than one beneficiary, each must complete a separate form.**

Beneficiary Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name of Deceased \_\_\_\_\_

Relationship to Deceased \_\_\_\_\_

Are you a U.S. Citizen:  Yes  No (If No – IRS Form W-8 required)

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**Certification**

Under penalty of perjury, I certify that:

1. The number shown on this form is my correct Social Security/Taxpayer Identification number; and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS notified me that I am not longer subject to backup withholding; and
3. I am a U. S. citizen or other U.S. person.

**NOTE: Certification Instructions – You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.**

The IRS does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_