

CLAIMANT'S STATEMENT

Death Benefit from Pipeline Industry Benefit Fund

Claimant's Legal Name and Contact Information

Name _____ SSN# _____

Relation to Deceased _____

Mailing Address:

Street and Number _____ City _____

State _____ Zip Code _____ Phone _____

Deceased's Legal Name and Information

Name _____ SSN# _____

Date of Birth _____ Date of Death _____

Cause of Death _____

Place of Death _____

DECLARATION

I hereby make claim to said death benefit as beneficiary and agree that the written statements and affidavits of all physicians who attended or treated the deceased and all other papers called for by the instructions hereon shall constitute and they are hereby made a part of these Proofs of Death, and further agree that the furnishing of this form or any of the forms supplemental thereto by the Trustees shall not constitute nor be considered an admission by them that there was any death benefit in force of the life in question nor a waiver of any of the rights or defenses of the Trustees or of the Fund.

I expressly waive on behalf of myself and any other party who shall have or claim any interest in the Pipeline Industry Benefit Fund with respect to the deceased, all provisions of law forbidding any physician or any other person who attended or examined the deceased, or any hospital (including Veteran's Hospital) or sanitarium in which deceased was confined, treated or examined, from disclosing of any information or knowledge acquired thereby and I authorize the furnishing of all such information to the Trustees. A copy of this authorization shall be considered as effective and valid as the original.

Claimant's
Signature _____ Date _____

Witness _____ Witness _____

See back of sheet for instructions and further information to be furnished.

IT IS NOT NECESSARY TO EMPLOY ANY PERSON NOR INCUR ANY EXPENSE TO COLLECT A VALID CLAIM FROM PIPELINE INDUSTRY BENEFIT FUND.

INSTRUCTIONS

The claim must be made by the individual or individuals to whom the death benefit is payable as beneficiaries. If there is more than one beneficiary, each beneficiary must complete a separate claimant statement. If the benefit is payable to a minor, the claimant statement must be made by the legal guardian. Proof of legal guardianship must be included with the claimant statement.

If the benefit is payable to our member's estate, a claimant statement must be made by the executor or administrator of the estate. Proof of appointment must be included with the claimant statement.

The signature of each claimant must be witnessed by two persons.

In addition to the Claimant's Statement, please provide:

- A copy of the obituary AND
- A copy of the Death Certificate.
- OR, If a Death Certificate cannot be obtained, a Mortician's Statement or Attending Physician's Statement can be provided.

Please return all completed forms and the required documents to the Pipeline Industry Benefit Fund (PIBF) office. If you have any questions or concerns, please contact our office at 918-280-4800.

Mailing Address: PIBF
PO Box 470950
Tulsa, OK 74147-0590

Fax: 918-280-4899