

**AFFIDAVIT**

**I. Certification and Acknowledgement of Minor Child**

I, \_\_\_\_\_, certify to the North Atlantic States Carpenters Annuity Fund (Fund) that I am currently a minor child (Child) and related to the deceased Fund Participant, \_\_\_\_\_ (Participant). I acknowledge that under the North Atlantic States Carpenters Annuity Plan (Plan), I am the Participant's designated beneficiary (Beneficiary). I request that the Fund pay any death benefits to which I am entitled under the Plan to my parent and legal guardian, \_\_\_\_\_, for my sole and exclusive benefit, and in accordance with applicable law.

\_\_\_\_\_  
Signature of Child-

\_\_\_\_\_  
Date

**II. Certification and Acknowledgement of Parent/Legal Guardian**

I, \_\_\_\_\_, certify to the North Atlantic States Carpenters Annuity Fund (Fund) that I am the parent/legal guardian of \_\_\_\_\_. I acknowledge \_\_\_\_\_ is currently a minor child (Child) and a relative of the deceased Fund Participant \_\_\_\_\_. (Participant), and that under the North Atlantic States Carpenters Annuity Plan (Plan), such Child is the Participant's designated beneficiary (Beneficiary). I agree to accept and use any death benefits to which such Child is entitled under the Plan for the Child's sole and exclusive benefit, and in accordance with applicable law.

I certify that I have provided the Fund with applicable documentation to prove my status as a parent or legal guardian. In the event that my parental rights are, or legal guardianship is, terminated for any reason with respect to such Child before all death benefits are paid, I agree to inform the Fund immediately and to provide the Fund with any necessary assistance in order to make appropriate payment to the Child's successor guardian or on behalf of such Child.

I agree and represent to the Fund that all Plan death benefits paid to me for the benefit of the Child shall be used for the Child's sole and exclusive benefit, and shall be held and managed in accordance with applicable law.

Finally, I acknowledge and agree that if any Plan payments are made to me (whether or not on behalf of the Child) by virtue of any error, mistake, or false statement, I am responsible for the prompt return of such amounts and shall also be liable for any costs associated with the Fund's recovery of such amounts, including attorneys' fees.

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
Print Name of Parent or Legal Guardian below

\_\_\_\_\_  
Dated



**INFORMATION SHEET FOR DEATH BENEFITS**

**I. TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:**

Name of Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_  
(number and street, apt. no. (if applicable), city, state, zip)

SS Number \_\_\_\_\_ Telephone Number \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Date of Death \_\_\_\_\_ SS Number \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Address \_\_\_\_\_  
(if different from address of Parent or Legal Guardian)

Child's Date of Birth \_\_\_\_\_ Child's SS Number \_\_\_\_\_

I certify to the Fund that this information is true and correct to the best of my knowledge:

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Dated

**II. TO BE COMPLETED BY FUND:**

The Fund acknowledges receipt of:

1.  Copy of Participant's Death Certificate
2.  Copy of Child's Birth Certificate
3.  If Applicant is not a Parent of the Child, Legal Guardianship documentation showing current guardianship of Child

Received By: \_\_\_\_\_

Dated: \_\_\_\_\_

, 2021

Dear :

First, please accept our sincere sympathy for the loss of \_\_\_\_\_.

As discussed, your niece is entitled to the funds in (member name) from the North Atlantic States Carpenters Annuity in the amount of \_\_\_\_\_.

Because he/she is a minor, we have consulted with the Fund's Counsel and have determined that the benefit could be paid to her parent/guardian if used on her behalf.

For the Annuity Fund to pay out this benefit, the parent/guardian must sign an Application for Death Benefits, along with the enclosed affidavit, which should be signed and completed by the girl's parent/guardian and your niece. The tax liability, if any, will be reported under your niece's social security number.

Please review the enclosed documents and return along with copies of your niece's birth certificate. A self-addressed envelope is provided for your convenience.

If you have any questions, please do not hesitate to contact me

Thank you.

Sincerely,

Annuity Department

Enclosures