



## *Reporting a Death to the GMP Members Death Benefit Fund*

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Phone (610) 565-5051 Ext. 4963 ~ Fax: (610) 565-0983

To report a death please complete the attached forms that pertain and return to our office along with an ORIGINAL death certificate and any additional supporting documentation that is requested.

Attached is:

- "Notice of Death Form"
- "Claimant's Statement" (Completed by the designated beneficiary or by each surviving child or estate representative.)
- "W9" (Completed by each beneficiary or by each surviving child/estate representative, no checks will be issued without a completed W9 form.)
- "Surviving Children Affidavit" (if applicable)

When filing a claim without a designated beneficiary or the named beneficiary is deceased the claim will be paid in the following order.

- Surviving Spouse (must provide marriage certificate)
- Surviving children in equal shares (must provide a photocopy of each child's birth certificate, EVERY child must complete a "Claimant's Statement" and "W9 form" along with a "Surviving Children Affidavit")
- The Estate (must provide Letters of Administration)

\*\*\*Claims will only be paid to one of the above in the order in which they are listed.\*\*\*



**GMP COUNCIL** GLASS, MOLDERS, POTTERY, PLASTICS & ALLIED WORKERS

## *GMP Member Death Benefit Fund*

608 E. Baltimore Pike

Media, PA 19063

(610) 565-5051 Ext. 4963

### ~ NOTICE OF DEATH FORM ~

Date: \_\_\_\_\_

Person Reporting Death: \_\_\_\_\_

You are hereby advised that Brother/Sister: \_\_\_\_\_

Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Local Union No. \_\_\_\_\_

Died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Beneficiary Information:

Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ or \_\_\_\_\_

Please send the necessary papers to:

Above Listed Beneficiary  Information Listed Below

Name: \_\_\_\_\_ Relation to Member: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ or \_\_\_\_\_



**GMP MEMBER DEATH BENEFIT FUND – CLAIMANT STATEMENT**  
**608 E. Baltimore Pike, Media PA 19063 – P: (610) 565-5051**

Notice is hereby given to the Death Beneficiary Department that the member named below died and the undersigned submits proof of claim by the following answers and statements:

**Claimant Complete this Section Regarding Deceased**

Deceased Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Death \_\_\_\_\_

**Claimant Complete this Section**

I am making this claim for the payment as (check one):

<input type="checkbox"/> Named Beneficiary	<input type="checkbox"/> Surviving Lawful Spouse	<input type="checkbox"/> Surviving Child	<input type="checkbox"/> Executor/Administrator
--------------------------------------------	--------------------------------------------------	------------------------------------------	-------------------------------------------------

Name \_\_\_\_\_ Relation to Deceased \_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Phone # \_\_\_\_\_

**The following must be attached:**

1. Original Death Certificate for Deceased
2. Completed W-9 Form to include beneficiaries SSN or EIN of the Estate and Signature
3. If submitting claim for other than named beneficiary, supporting documents (marriage certificates, birth certificates, etc.) and if required the Surviving Child Affidavit and photocopy of the named beneficiary's death certificate.

I make the above statement believing them to be true and complete according to the best of my knowledge and request the Death Beneficiary Department to pay the Death Benefit to me.

Date \_\_\_\_\_ Signature of Claimant \_\_\_\_\_

**Do Not Complete This Portion**

Date of Payment: \_\_\_\_\_ Amount Paid \$: \_\_\_\_\_

Processed By: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Vendor #: \_\_\_\_\_

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC      <input type="checkbox"/> C Corporation      <input type="checkbox"/> S Corporation      <input type="checkbox"/> Partnership      <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 29%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>or</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; height: 20px;"></td> <td style="width: 3%; text-align: center;">-</td> <td style="width: 67%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
	-				

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); 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 has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	<p><b>Signature of U.S. person</b> ▶ _____</p>	<p><b>Date</b> ▶ _____</p>
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**GMP MEMBER DEATH BENEFIT FUND**

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**AFFIDAVIT CONFIRMING DECEASED PARTICIPANT'S  
SURVIVING NATURAL CHILDREN**

The below signed individual(s), in order to induce the GMP Member Death Benefit Fund to pay the death benefit to the surviving natural children of \_\_\_\_\_, the Deceased Participant, in accordance with the terms and conditions of the Rules and Regulations of the Death Benefit Department, represent and warrant as follows:

- 1) The deceased participant died without a living lawful spouse; and
- 2) The following individuals are **all** of the Deceased Participant's surviving natural children:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

Are there any other surviving natural children? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If yes, please list all additional children on the reverse side)

In consideration of the payment of the death benefit, and other good and valuable consideration, and intending to be legally bound hereby, each of the below signed individuals jointly and severally agree to indemnify and hold harmless the GMP Member Death Benefit Fund from any and all claims, costs, attorneys fees and any and all other expenses which it incurs in the event that a valid claim is asserted against the GMP

Member Death Benefit Fund for payment of a death benefit by a lawful living spouse and/or any other natural surviving children of the Deceased Participant not identified herein.

This affidavit must be executed by each surviving natural child of the Deceased Participant. This affidavit may be executed in multiple counterparts, each of which shall be deemed to be an original and all of which together shall constitute one document.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public