



Long Island Rail Road

Pension Office
Jamaica Station - #1955
Jamaica, NY 11435
(718) 558-8130

P43

LONG ISLAND RAIL ROAD PENSION PLAN

APPLICATION BY SPOUSE FOR PENSION UNDER SURVIVORSHIP OPTION

Name of Employee		Employee No.	Date of Death
Name of Spouse Listed on Option Election Form			
As the designated beneficiary named on Form BMP-4, Application for Survivorship Option, filed with the Pension Office on _____, I hereby apply for my pension under Option _____ in view of the death of my spouse.			
I declare that I am the legal and proper person to which this payment shall be made; Proof of my spouse's death is attached. Please forward checks payable to me effective _____ to the address shown below. I understand payment will commence on the first of the month following the date of death.			
Signature of Applicant			
Social Security No.	Date	Home Telephone No.	

Acknowledgement to be completed by a Notary Public

State of	County of	on this	Day of	,20
_____ personally appeared before me the above-named applicant to me personally known or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her capacity and that his/her signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.				
_____ Signature of Notary Public				

Applicant's Name (Please Print)		
Home Address		
City	State	Zip Code