



UNITED FISHERMEN'S BENEFIT FUND

#4 830 -14th Ave. Campbell River, B. C. V9W 4H4

778 645 0578

Benefits@ufawu.org

CLAIM FOR FUNERAL BENEFIT

NAME OF DECEASED _____

DATE OF DEATH _____
MM/DD/YYYY

AGE AT DEATH _____

DATE OF BURIAL _____
MM/DD/YYYY

SOCIAL INSURANCE NO. _____

RELATIVE or MEMBER Assuming Financial Responsibility _____

RELATIONSHIP TO DECEASED _____

WAS THE DECEASED A MEMBER OF:

- UFAWU-UNIFOR
- NATIVE BROTHERHOOD OF B.C.

Vessel last fished for, and company delivered to

DATE OF RETIREMENT _____
MM/DD/YYYY

AGE AT RETIREMENT _____

CLAIMANT SIGNATURE: _____

DATE: _____
MM/DD/YYYY

ADDRESS _____

CITY or TOWN _____

PROV: _____ POSTAL CODE: _____

WITNESS:

I HEREBY CERTIFY THAT THE ABOVE CLAIMANT _____

WHO IS PERSONALLY KNOWN TO ME APPEARED BEFORE ME ON _____
MM/DD/YYYY

AND STATED THAT THE ABOVE STATEMENTS ARE TRUE AND CORRECT AND THAT ALL MATERIAL FACTS HAVE BEEN STATED HEREIN.

NAME OF WITNESS _____

SIGNATURE OF WITNESS _____

WITNESS ADDRESS: _____

NOTE TO CLAIMANT: Please attach a photocopy of the Death Certificate and all receipts pertaining to the funeral service.