



Death Benefits for Estates Form

This form is used to pay out death benefits to the member's estate.

DECEASED MEMBER INFORMATION

MEMBER ID: - Last 4 Digits of SSN: X X X - X X -

Member Name: Last _____, First _____, Initial _____

Address: _____ City: _____

State: _____ Zip: _____

Gender: M [] F [] Date of Birth ____/____/____
MM DD YYYY

NOTE: Please attach a copy of the death certificate.

ESTATE INFORMATION

Tax ID Number: _____ Estate of: _____

Administrator/Executor: _____

Address: _____ City: _____

State: _____ Zip: _____

Phone: (____) _____ - _____ Email: _____

NOTE: Please attach a copy of the court documentation for the issuance of the Tax ID Number.

PAYMENT BASIS

Please check the following:

[] Single Sum Payment: I understand that no additional payments will be due to the Estate or to any beneficiary after payment of the lump sum.

SIGNATURE

I do hereby affirm that I have carefully read and understood the items on this form and each entry is full, true, and complete. They, together with all documents attached hereto, are submitted to the Pension Boards as proof of death and justness of claim.

Administrator/Executor Signature: _____ Date: ____/____/____
MM DD YYYY

Notary Signature: _____ Date: ____/____/____
MM DD YYYY

Notary Seal: