



Information about the deceased	
Name (<i>first, middle, last</i>)	Last 4 digits of SSN
Date of death (<i>mm/dd/yyyy</i>)	
Cause of death	

Claimant information			
Name (<i>first, middle, last</i>)		SSN	
Relationship to deceased		Birth date (<i>mm/dd/yyyy</i>)	
Address			
City		State	ZIP
Email (<i>required</i>)		Daytime phone	
Executor or trustee's name (<i>if payable to estate or trustee</i>)			
Estate Tax ID# (<i>if payable to estate or trustee</i>)			
List names, contact information, and relationship to the deceased of all other potential claimants in your classification. (<i>for example: other siblings, children of deceased</i>)			
For additional claimants, attach a separate sheet of paper.			

Dependent claimants only (non-spouse claiming a survivor's pension only)
Did the deceased member claim you as a dependent on his or her previous year's tax return? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes," supply a copy of the first page of the previous year's tax return. (<i>Eligibility for benefits will be determined upon receipt</i>)

Authorization	
I hereby affirm that I have carefully read all of the above questions and answers; have completed this form fully and truthfully; am submitting this information with a copy of the death certificate, (<i>if not previously submitted</i>); understand that all benefits payments are subject to the terms of the Benefits Plan; and consent to receive communications via standard email to the email address provided.	
Claimant's signature	Date (<i>mm/dd/yyyy</i>)
Print name	
Legal relationship to claimant if other than claimant (<i>if Power of Attorney, submit document.</i>)	

Complete and email this form to the Board of Pensions at memberservices@pensions.org.
Questions? Call the Board at 800-773-7752 (800-PRESPLAN).