



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	
Was death the direct or indirect result of an accident? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "yes," was the accident related to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
The Board of Pensions of the Presbyterian Church (U.S.A.) reserves the right to request additional information/documentation pertaining to any accidents that contributed to a member's 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).