

APPLICATION FOR DEATH BENEFIT

DATE: ____/____/____

TO: LOCAL RETIREMENT BOARD

I hereby submit my application for a death benefit under the terms of the Corrections Officer Retirement Plan.

NAME OF DECEASED MEMBER: _____ DATE OF DEATH: ____/____/____

APPLICANT'S NAME: _____

SOCIAL SECURITY NUMBER: ____-____-____ DATE OF BIRTH: ____/____/____

RELATIONSHIP TO DECEASED: Designated Beneficiary Personal Representative of Decedent's Estate

MAILING ADDRESS: _____
(Street) (Apt. No.) (City) (State) (Zip)

HOME PHONE NUMBER: (____) ____-____ WORK PHONE NUMBER: (____) ____-____

EMAIL: _____ CELL PHONE NUMBER: (____) ____-____

Enclose:	Copy of Death Certificate Copy of Applicant's Driver's License Certified Copy of Personal Representative letter (if applicable) Federal and State Withholding Forms Copy of Applicant's Social Security Card Form U3 Benefits Lump Sum Distribution (if applicable) Special Tax Notice Copy to Applicant (if applicable)
-----------------	--

The information contained in this application is true, complete and correct to the best of my knowledge and belief.

Witness Signature Signature of Designated Beneficiary or Personal Representative

Final contribution amount to CORP _____ **for Pay Period Ending:** _____

Employer: _____

_____/_____/_____
Date Received by Employer Signature of Employer

Total amount of benefit \$ _____

The Local Retirement Board has met on _____ and determined that the applicant above is eligible for the benefit payments as shown above: (date)

Name of Board Signature of Board Chairman