

APPLICATION FOR A DEATH BENEFIT

TO: BOARD OF TRUSTEES - ELECTED OFFICIALS' RETIREMENT PLAN DATE: _____

I hereby submit my application for a death benefit under the terms of the Arizona Elected Officials' Retirement Plan.

NAME OF DECEASED MEMBER: _____ DATE OF DEATH: _____

APPLICANT'S NAME: _____

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

DATE OF BIRTH: _____ SOCIAL SECURITY NUMBER: _____

MAILING ADDRESS: _____
(Street) (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 Personal Representative Letter (if applicable)
 - Federal and State Withholding Forms
 - Copy of Applicant's Social Security Card
 - Form U3, Lump Sum Distribution (if applicable)
 - Special Tax Notice Copy to Applicant (if applicable)

In order to process your application in the current month, this completed application needs to be submitted to the board of trustee's office by the tenth day of the month.

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

Witness Signature

Signature of Designated Beneficiary or Personal Representative