

APPLICATION FOR A SURVIVOR'S BENEFIT

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

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

NAME OF DECEASED MEMBER: _____ DATE OF DEATH: _____

RELATIONSHIP TO DECEASED: Surviving Spouse Guardian of Decedent's Dependent Children

SURVIVING SPOUSE:

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DATE OF MARRIAGE: _____

MAILING ADDRESS: _____

HOME PHONE NUMBER: _____ WORK PHONE NUMBER: _____

E-MAIL: _____ CELL PHONE NUMBER: _____

GUARDIAN:

NAME: _____ DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____ DATE OF MARRIAGE: _____

MAILING ADDRESS: _____

HOME TELEPHONE NUMBER: _____ WORK TELEPHONE NUMBER: _____

E-MAIL: _____ CELL PHONE NUMBER: _____

SURVIVING CHILDREN OF DECEASED:

NAME	DATE OF BIRTH	DISABLED (Y/N)

- Enclose:** Copy of Death Certificate
 Copy of Birth Certificate (for spouse, dependent children, and guardian)
 Copy of Marriage Certificate (if applicable)
 Proof of Legal Guardianship (if applicable)
 Medical Documentation for Disabled Children (if applicable)
 Proof of Fulltime School Enrollment (if applicable)
 Copy of Social Security Card

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 Spouse or Guardian