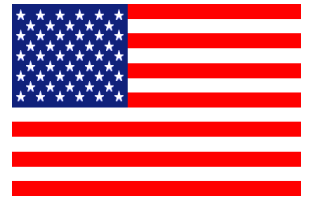




IBEW  
PENSION BENEFIT FUND



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(This form must be completed by someone who will not share in this death benefit.)

MEMBER:

MR  MRS  MS FIRST NAME M.I.

LAST NAME  JR  III  SR  IV  II  V

Death Claim Number For I.O. use only.

Gender\*  MALE  FEMALE

I,  MR  MRS  MS FIRST NAME M.I.

LAST NAME  JR  III  SR  IV  II  V

residing at

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

being first duly sworn, depose and state that I knew the above deceased member and his/her family for [ ] Years before his/her death,

and my Relationship to the deceased member is [ ]



**(A)**

Please list all surviving children of the deceased (both natural or legally adopted) and provide all the additional information as requested. (List stepchildren only if they are legally adopted.) We cannot process this claim unless all requested information is provided.

<input type="checkbox"/> MR	FIRST NAME																									M.I.		<input type="checkbox"/> JR	<input type="checkbox"/> III
<input type="checkbox"/> MS																												<input type="checkbox"/> SR	<input type="checkbox"/> IV
<input type="checkbox"/> MRS	LAST NAME																											<input type="checkbox"/> II	<input type="checkbox"/> V
ADDRESS (STREET & NUMBER)																													
CITY																		STATE			ZIP CODE+4								
																					-								
PHONE NUMBER												SOCIAL SECURITY NUMBER																	
( ) -												- -																	
DATE OF BIRTH												Gender*																	
/ /												<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																	

<input type="checkbox"/> MR	FIRST NAME																									M.I.		<input type="checkbox"/> JR	<input type="checkbox"/> III
<input type="checkbox"/> MS																												<input type="checkbox"/> SR	<input type="checkbox"/> IV
<input type="checkbox"/> MRS	LAST NAME																											<input type="checkbox"/> II	<input type="checkbox"/> V
ADDRESS (STREET & NUMBER)																													
CITY																		STATE			ZIP CODE+4								
																					-								
PHONE NUMBER												SOCIAL SECURITY NUMBER																	
( ) -												- -																	
DATE OF BIRTH												Gender*																	
/ /												<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE																	









MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER RELATIONSHIP  
 FATHER  
 MOTHER

Please identify the court-appointed executor, administrator, or other person handling the estate of our member, and provide the Social Security Number for the estate. Also enclose a copy of letters of administration.

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER OF THE ESTATE

\* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.



