



Please print, complete, and mail, fax, or email this form to the Board of Pensions.

Please complete both sides, sign, and return this form to the Board of Pensions with a copy of the death certificate and any other required information.

## Information about the Deceased

Name *(first, middle, last)* \_\_\_\_\_ SSN \_\_\_\_\_

Date of death *(mm/dd/yyyy)* \_\_\_\_\_

Cause of death \_\_\_\_\_

Was death the direct or indirect result of an accident?  Yes  No

If "yes," was the accident related to employment?  Yes  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 *(first, middle, last)* \_\_\_\_\_ SSN \_\_\_\_\_

Relationship to deceased \_\_\_\_\_

Birth Date *(mm/dd/yyyy)* \_\_\_\_\_

Executor or trustee's name *(if payable to estate or trustee)* \_\_\_\_\_

Estate Tax ID# *(if payable to estate or trustee)* \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime phone (      ) \_\_\_\_\_ Email \_\_\_\_\_



Please list names, contact information, and relationship to the deceased of all other potential claimants in your classification

*(for example: other siblings, children of deceased)*

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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?  Yes  No

If "yes," supply a copy of the first page of the previous year's tax return. *(Eligibility for benefits will be determined upon receipt)*

### 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, (if not previously submitted) and
- understand that all benefits payments are subject to the terms of the Benefits Plan.

Claimant's signature

Date *(mm/dd/yyyy)*

Print name

Legal relationship to claimant if other than claimant *(if Power of Attorney, submit document.)*