

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	M.I.	
LAST NAME		☐ JR ☐ III
		☐ SR ☐ IV
	1	_
Death Claim Number For I.O. use only.	Gender* □ MALE	□ FEMALE
MR FIRST NAME		M.I.
LAST NAME		☐ JR ☐ III
		」 □ SR □ IV
residing at		□Ⅱ□V
ADDRESS (STREET & NUMBER)		
CITY	STATE ZIP CODE+4	
being first duly sworn, depose and state that his/her family for Years before his/he and my Relationship to the deceased members.	r death,	r and





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.

☐ MR FIRST NAME ☐ MS	M.I.		
□ MRS		□JR	
LAST NAME		□ SR	
		□ SK	□IV
ADDRESS (STREET & NUMBER)		_	V
CITY STATE ZIP CODE+4			
]-[
PHONE NUMBER (
DATE OF BIRTH Gender* MALE FEMALE			
□ MR FIRST NAME □ MS □ MRS	M.I.	□JR	
LAST NAME			
		SR	□IV
ADDRESS (STREET & NUMBER)		_	U V
CITY STATE ZIP CODE+4			
PHONE NUMBER (
DATE OF BIRTH Gender* MALE FEMALE			



☐ MR FIRST NAME	M.I.	
☐ MS		
☐ MRS LAST NAME	JF	R 🗌 III
LAST NAME		R 🗌 IV
ADDRESS (STREET & NUMBER)		V
CITY	STATE ZIP CODE+4	
PHONE NUMBER	SOCIAL SECURITY NUMBER	
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(
DATE OF BIRTH		
	Gender*	
	□ MALE □ FEMALE	
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□ MR FIRST NAME	M.I.	
☐ MR FIRST NAME ☐ MS ☐ MRS	M.I.	R □ III
□ MS	□ JF	
□ MS □ MRS		
☐ MS ☐ MRS ☐ MRS LAST NAME	□ JF	
□ MS □ MRS	JF	R □IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER)		R □IV
☐ MS ☐ MRS ☐ MRS LAST NAME	JF	R □IV
MS MRS LAST NAME ADDRESS (STREET & NUMBER)		R □IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER)		R □IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER)		R □IV
MRS MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4	R □IV
MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4	R □IV
MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4 SOCIAL SECURITY NUMBER	R □IV
MRS LAST NAME ADDRESS (STREET & NUMBER) CITY PHONE NUMBER (STATE ZIP CODE+4	R □IV



☐ MR FIRST NAME	M.I.	\
MS		
☐ MRS ☐ LAST NAME		JR 🗌 III
LAST NAIVIE		□ SR □ IV
		7 II
ADDRESS (STREET & NUMBER)		II V
CITY	STATE ZIP CODE+4	
PHONE NUMBER	SOCIAL SECURITY NUMBER	
(
· · · · · · · · · · · · · · · · · · ·		
DATE OF BIRTH	Occident	
	Gender* ☐ MALE ☐ FEMALE	
	I WALL OF LIMALE	
☐ MR FIRST NAME	M.I.	
□ MS		
☐ MS ☐ MRS		JR □III
□ MS]JR □III]SR □IV
☐ MS ☐ MRS ☐ MRS LAST NAME		SR □ IV
☐ MS ☐ MRS		
☐ MS ☐ MRS ☐ MRS LAST NAME		SR □ IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER)		SR □ IV
☐ MS ☐ MRS ☐ MRS LAST NAME		SR □ IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER)		SR □ IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4	SR □ IV
MS MRS LAST NAME ADDRESS (STREET & NUMBER)		SR □ IV
MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4	SR □ IV
☐ MS ☐ MRS LAST NAME ADDRESS (STREET & NUMBER) CITY	STATE ZIP CODE+4 SOCIAL SECURITY NUMBER	SR □ IV
MRS LAST NAME ADDRESS (STREET & NUMBER) CITY PHONE NUMBER (STATE ZIP CODE+4	SR □ IV



If any of the children died after the member's death, please list their (B) name(s) and date(s) of death: FIRST NAME M.I. \square MR ☐ MS □ JR ■ MRS LAST NAME □ SR ☐ IV \square V DATE OF DEATH Gender* ☐ MALE ☐ FEMALE FIRST NAME M.I. \square MR MS ☐ JR ☐ MRS LAST NAME \square SR □ IV \square V DATE OF DEATH Gender* ☐ MALE ☐ FEMALE Please provide the following information about the surviving parents of the deceased member: M.I. \square MR FIRST NAME MS □ JR ■ MRS LAST NAME ☐ IV □ SR \square V ADDRESS (STREET & NUMBER) CITY STATE ZIP CODE+4 RELATIONSHIP PHONE NUMBER SOCIAL SECURITY NUMBER ☐ FATHER ☐ MOTHER Form No. 382 Rev 06/05

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	\neg
□ MR FIRST NAME M.I. □ MS □ JR LAST NAME □ JR	
ADDRESS (STREET & NUMBER)	□ IV
CITY STATE ZIP CODE+4	
PHONE NUMBER (
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 □ □ MRS □ □ JR	
LAST NAME SR ADDRESS (STREET & NUMBER)	□ IV
CITY STATE ZIP CODE+4	
PHONE NUMBER (

* 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.



If there is no estate to be probated or no court-appointed executor or administrator, please identify the individual responsible for handling our member's affairs.

☐ MR FIRST NAME	M.I.	
☐ MS ☐ MRS ☐		
LAST NAME		
	□ SR	□IV
ADDRESS (STREET & NUMBER)		\square V
ABBRESS (STREET & NOMBER)		
CITY	STATE ZIP CODE+4	
DHONE NUMBER		
(
TO BE SIGNED BY THE INDIVIDUAL COMP	LETING THE AFFIDAVIT:	
	TODAY'S DATE (MM/DD/YYYY)	
SIGNATURE		
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SUBSCRIBED AND SWORN TO BEFORE ME.		
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	TODAYIC DATE (MANA/DDAGGA)	
	TODAY'S DATE (MM/DD/YYYY)	
NOTARY SIGNATURE		
NOTART GIGNATURE		
NOTARY PRINTED NAME		
MY COMMISSION EXPIRES ON: /	/ -	
Form No. 382 Rev 06/05		

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