



IBEW
PENSION BENEFIT FUND



AFFIDAVIT OF NEXT OF KIN

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

MEMBER:

<input type="checkbox"/> MR	FIRST NAME	<input type="checkbox"/> M.I.
<input type="checkbox"/> MRS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MS	LAST NAME	<input type="checkbox"/> JR <input type="checkbox"/> III
	<input type="text"/>	<input type="checkbox"/> SR <input type="checkbox"/> IV
		<input type="checkbox"/> II <input type="checkbox"/> V
Death Claim Number		Gender*
<input type="text"/>	For I.O. use only.	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE

I, <input type="checkbox"/> MR	FIRST NAME	<input type="checkbox"/> M.I.
<input type="checkbox"/> MRS	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> MS	LAST NAME	<input type="checkbox"/> JR <input type="checkbox"/> III
	<input type="text"/>	<input type="checkbox"/> SR <input type="checkbox"/> IV
		<input type="checkbox"/> II <input type="checkbox"/> 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					<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME						
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					<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME						
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 ☐ MS ☐ MRS ☐ JR ☐ III ☐ SR ☐ IV ☐ II ☐ V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

PHONE NUMBER () - SOCIAL SECURITY NUMBER -

DATE OF BIRTH / / Gender* ☐ MALE ☐ FEMALE

☐ MR FIRST NAME ☐ MS ☐ MRS ☐ JR ☐ III ☐ SR ☐ IV ☐ II ☐ V

LAST NAME

ADDRESS (STREET & NUMBER)

CITY STATE ZIP CODE+4

PHONE NUMBER () - SOCIAL SECURITY NUMBER -

DATE OF BIRTH / / Gender* ☐ MALE ☐ FEMALE



☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III

LAST NAME ☐ SR ☐ IV

ADDRESS (STREET & NUMBER) ☐ II ☐ V

CITY STATE ZIP CODE+4

PHONE NUMBER () - SOCIAL SECURITY NUMBER -

DATE OF BIRTH / / Gender* ☐ MALE ☐ FEMALE

☐ MR ☐ MS ☐ MRS FIRST NAME M.I. ☐ JR ☐ III

LAST NAME ☐ SR ☐ IV

ADDRESS (STREET & NUMBER) ☐ II ☐ V

CITY STATE ZIP CODE+4

PHONE NUMBER () - SOCIAL SECURITY NUMBER -

DATE OF BIRTH / / Gender* ☐ MALE ☐ FEMALE



(B) If any of the children died after the member's death, please list their name(s) and date(s) of death:

<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			<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME				
DATE OF DEATH				
/ /				
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			<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME				
DATE OF DEATH				
/ /				
Gender*				
<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE				

Please provide the following information about the surviving parents of the deceased member:

<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			<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME				
ADDRESS (STREET & NUMBER)				
CITY		STATE	ZIP CODE+4	
			-	
PHONE NUMBER				
() - -				
SOCIAL SECURITY NUMBER				
- -				
RELATIONSHIP				
<input type="checkbox"/> FATHER				
<input type="checkbox"/> 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.

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

* 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.

<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					<input type="checkbox"/> II	<input type="checkbox"/> V
LAST NAME						
ADDRESS (STREET & NUMBER)						
CITY		STATE	ZIP CODE+4			
PHONE NUMBER						
() -						

TO BE SIGNED BY THE INDIVIDUAL COMPLETING THE AFFIDAVIT:

SIGNATURE

TODAY'S DATE (MM/DD/YYYY)
 / /

SUBSCRIBED AND SWORN TO BEFORE ME.

NOTARY SIGNATURE

TODAY'S DATE (MM/DD/YYYY)
 / /

NOTARY PRINTED NAME

MY COMMISSION EXPIRES ON: / /

