

**THE NATIONAL RETIREMENT FUND
RETIREMENT DEPARTMENT / UPDATE - GROUP**

333 Westchester Avenue • White Plains, NY 10604 • PHONE (914) 367-5800 FAX (914) 367-4103

REQUEST FOR PENSION BENEFIT OF DECEASED MEMBER

NAME OF DECEASED MEMBER _____

SOCIAL SECURITY NUMBER _____

SURVIVOR AFFIDAVIT (PLEASE PRINT)

I, _____ being sworn and state that I am the survivor of the decedent have no reason to believe that there are any other living relatives that would have any claims to the benefit to be made hereunder. The decedent left no other living survivors except the following:

RELATION	NAME	SOC. SEC. NO.	DATE OF BIRTH	FULL MAILING ADDRESS (Include City, State, Zip)
SPOUSE				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
CHILD				
SIBLING				
SIBLING				
SIBLING				
SIBLING				
OTHER				

THE ABOVE STATEMENTS ARE MADE TO INDUCE THE FUND TO PAY THE ABOVE REQUESTED BENEFIT TO ME, AND TO THE EXTENT CLAIMANT FALSIFIES ANY INFORMATION ON THIS FORM, THE CLAIMANT HEREBY AGREES TO REIMBURSE THE FUND THE AMOUNT DUE TO ANY ADDITIONAL PERSON(S) WHO ARE ENTITLED TO THIS BENEFIT. FURTHERMORE, THE FUND WILL SEEK TO RECOVER ANY BENEFITS THAT I AM NOT ENTITLED TO THROUGH LEGAL ACTION.

Sworn to before me at _____
(City County, State) Claimant Signature _____

this _____ day of _____ 20 _____

Signature Notary Public Notary Public Seal

(INVALID IF NOT SIGNED AND NOTARIZED)