

ALABAMA PEACE OFFICERS' ANNUITY & BENEFIT FUND  
514 South McDonough Street, Post Office Box 2186  
Montgomery, Alabama 36102-2186

**APPLICATION FOR DEATH BENEFITS**

TO: THE BOARD OF COMMISSIONERS      Date of Signature\_\_\_\_\_

In accordance with the provisions of Section 12, Death Benefits, Act No. 999, as amended, I hereby, as Beneficiary of the Deceased, make application for Death Benefits.

PART I

- 1. Name of Deceased Member\_\_\_\_\_
- 2. Date of death of Deceased Member\_\_\_\_\_
- 3. Name of last employer of Deceased Member\_\_\_\_\_
- 4. Give cause of death of Deceased Member\_\_\_\_\_
  - a. Natural Causes\_\_\_\_\_
  - b. Killed in Line of Duty\_\_\_\_\_
 (If answer is YES, explain in detail the circumstances)  
 \_\_\_\_\_
- 5. Signature of Beneficiary\_\_\_\_\_
- 6. Social Security No. of Beneficiary\_\_\_\_\_
 

(Death benefits are reported to the Internal Revenue Service)
- 7. Relationship of Beneficiary to Deceased\_\_\_\_\_
- 8. Current Address of Beneficiary\_\_\_\_\_
- \_\_\_\_\_
- 9. Telephone Number\_\_\_\_\_ Membership No. of Deceased\_\_\_\_\_
- 10. Social Security No. of Deceased\_\_\_\_\_

State of Alabama, County of\_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, personally appeared before me, the above named\_\_\_\_\_

and made oath that the statements made above are true.

Signature of Notary Public\_\_\_\_\_

PART II - TO BE FILLED IN BY LAST EMPLOYER

- 1. Date Deceased Member's services as a peace officer ceased\_\_\_\_\_
- 2. Indicate if death was from natural causes or occurred in line of duty\_\_\_\_\_
- \_\_\_\_\_

3. Signature of Employer\_\_\_\_\_

(Title)

(Date)