

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.

1. Name of Deceased Member\_\_\_\_\_

2. Membership No. of Deceased\_\_\_\_\_

3. Social Security No. of Deceased\_\_\_\_\_

4. Date of death of Deceased Member\_\_\_\_\_

5. Name of last employer of Deceased Member\_\_\_\_\_

6. Give cause of death of Deceased Member\_\_\_\_\_

a. Natural Causes\_\_\_\_\_ b. Other Causes\_\_\_\_\_

7. Signature of Guardian\_\_\_\_\_ Social Security #\_\_\_\_\_

for Beneficiary\_\_\_\_\_ (a minor).

8. Social Security # of Beneficiary\_\_\_\_\_

(Death benefits are reported to the Internal Revenue Service)

9. Relationship of Beneficiary to Deceased\_\_\_\_\_

10. Current Address of Beneficiary\_\_\_\_\_

11. Telephone Number \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

(Beneficiary)

(Beneficiary)

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\_\_\_\_\_