

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. Active 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 Beneficiary_____

Printed name _____

8. Social Security No. 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_____