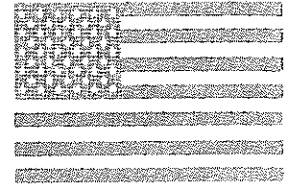




**IBEW  
PENSION BENEFIT FUND**



**AFFIDAVIT OF NEXT OF KIN**

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

**MEMBER:**

MR    FIRST NAME M.I.   
 MRS  
 MS

LAST NAME 
 JR    III  
 SR    IV  
 II    V

Death Claim Number Gender\*  MALE    FEMALE  
 For I.O. use only.

MR    FIRST NAME M.I.   
 MRS  
 MS

LAST NAME 
 JR    III  
 SR    IV  
 II    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.

MR FIRST NAME  M.I.  JR  III  
 MS  MRS  SR  IV  
LAST NAME  II  V  
ADDRESS (STREET & NUMBER)  
CITY STATE ZIP CODE+4  
PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER  
DATE OF BIRTH / / Gender\*  
 MALE  FEMALE

MR FIRST NAME  M.I.  JR  III  
 MS  MRS  SR  IV  
LAST NAME  II  V  
ADDRESS (STREET & NUMBER)  
CITY STATE ZIP CODE+4  
PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER  
DATE OF BIRTH / / Gender\*  
 MALE  FEMALE



MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER SOCIAL SECURITY NUMBER  
 DATE OF BIRTH Gender\*  
 MALE  FEMALE

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER SOCIAL SECURITY NUMBER  
 DATE OF BIRTH Gender\*  
 MALE  FEMALE



MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER -  
 DATE OF BIRTH / / Gender\*  
 MALE  FEMALE

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 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:

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 DATE OF DEATH  /  /   
 Gender\*  
 MALE  FEMALE

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 DATE OF DEATH  /  /   
 Gender\*  
 MALE  FEMALE

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

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)   
 CITY STATE ZIP CODE+4  
 PHONE NUMBER (  )  -  SOCIAL SECURITY NUMBER  -  -   
 RELATIONSHIP  
 FATHER  
 MOTHER



MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER RELATIONSHIP  
 FATHER  
 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.

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
 LAST NAME  II  V  
 ADDRESS (STREET & NUMBER)  
 CITY STATE ZIP CODE+4  
 PHONE NUMBER ( ) - SOCIAL SECURITY NUMBER OF THE ESTATE

\* 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.

MR FIRST NAME M.I.  
 MS  JR  III  
 MRS  SR  IV  
LAST NAME  II  V  
ADDRESS (STREET & NUMBER)  
CITY STATE ZIP CODE+4  
PHONE NUMBER  
( ) -

**TO BE SIGNED BY THE INDIVIDUAL COMPLETING THE AFFIDAVIT:**

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

\_\_\_\_\_  
SIGNATURE

SUBSCRIBED AND SWORN TO BEFORE ME.

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

\_\_\_\_\_  
NOTARY SIGNATURE

\_\_\_\_\_  
NOTARY PRINTED NAME

MY COMMISSION EXPIRES ON: / /

