

Application For Survivor Benefits

I, _____, the undersigned, as the surviving spouse of a member of the Employees' Retirement Fund of the City of Dallas, do hereby make claim to the Employees' Retirement Fund for retirement benefits. The following information is submitted in support of such claim:

Street _____ City _____ State _____

Zip Code _____ Home Telephone #: _____

Date of Birth _____ SSN# _____

Spouse's Name _____

Date of Death _____

Was your spouse the parent of any children, either by your marriage or any previous marriage (include legally adopted children)? If yes, list names and birth dates below:

Name _____ Birth Date _____

Name _____ Birth Date _____

Name _____ Birth Date _____

Who is their legal guardian or custodian? _____

Nearest living relative:

Name _____

Street _____ City _____ State _____

Zip Code _____ Telephone # _____

Are you currently enrolled under your spouse's hospitalization plan? Click one Yes No

If you are a survivor beneficiary under a survivor option, you will be eligible to receive survivor benefits for life and in accordance with the Retirement Fund Ordinance.

I, _____, do hereby swear or affirm that all statements made on this application are true and correct.

Signed _____

Subscribed and sworn to before me this the _____ day of _____, 20____. (Month) (Year)

NOTARY PUBLIC _____

COUNTY _____

COMMISSION EXPIRES _____