

Survivor Benefits Application

I, _____, the undersigned, as the beneficiary 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:

Deceased Name: _____ Date of Death: _____

NEAREST LIVING RELATIVE

Name: _____

Address: _____

City: _____ State: _____ Zipcode: _____

Phone Number: _____ Alternate Number: _____

Email Address: _____

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

If you are a Survivor Beneficiary under a survivor option, you will be eligible to receive survivor benefits for life an 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 me this the _____ day of _____, 20 _____.

Notary Public in and for

_____ County

_____ State

My commission expires _____