

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:

SURVIVOR INFORMATION

Name:

Address:

City: State: Zipcode:

Date of Birth: SSN:

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 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 _____ day of _____, 20____

to certify which witness my hand and seal of office.

Notary Public in and for

County

State