



Application for Survivor Benefits

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:

Street _____ City _____ State _____
Zip Code _____ Home Telephone # _____
Date of Birth _____ SSN# _____
Spouse's Name _____
Date of Death _____

Nearest living relative:

Name _____
Street _____ City _____ State _____
Zip Code _____ Telephone # _____

Are you currently 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 the _____ day of _____, 20____.
(Month) (Year)

NOTARY PUBLIC _____
COUNTY _____

COMMISSION EXPIRES _____