

*CITY OF LAKE WORTH POLICE RETIREMENT SYSTEM
APPLICATION FOR DEATH BENEFITS*

Beneficiary Information:

Name: _____ SSN: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Member Information:

Member Name: _____ Relationship: _____

Member Date of Birth: _____ Member Retirement Date: _____

Member Date of Death: _____

(Attach Certified Copy of Death Certificate)

Was Member your spouse? ☐ Yes ☐ No Date of Marriage: _____

Was Member ever divorced? ☐ Yes ☐ No Date of Divorce: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. To support this application, I am attaching a certified copy of the death certificate of the Employee.

This application revokes any prior applications I have filed.

Please note that the Board requires up to 90 days following retirement to process all benefits.

(Signature of Beneficiary or Joint Annuitant) (Date)

STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, personally appeared _____, who is personally known to me or has produced _____ as identification and who did take an oath and, after being duly cautioned and sworn, deposes and says that he/ she has signed the foregoing document for the reasons therein contained.

SWORN TO AND SUBSCRIBED before me this the _____ day of _____, _____.

Notary Public, State of Georgia
At Large

My Commission Expires:

My Commission Number Is:

OFFICE USE ONLY

(Received) (Date)