

# TEQUESTA PUBLIC SAFETY OFFICERS' PENSION FUND

## 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: \_\_\_\_\_

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.

\_\_\_\_\_  
(Signature of Beneficiary or Joint Annuitant) (Date)

STATE OF

COUNTY OF

BEFORE ME, the undersigned authority, appeared before me \_\_\_\_\_ by means of ☐ physical presence ☐ online notarization and 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 Florida  
At Large

My Commission Expires:

My Commission Number Is:

OFFICE USE ONLY

\_\_\_\_\_  
(Received) (Date)