

STATE OF DELAWARE
STATE BOARD OF PENSION TRUSTEES
AND
OFFICE OF PENSIONS
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VOLUNTEER FIREMEN'S PENSION PLAN
APPLICATION FOR DEATH BENEFIT PAYMENT

TO THE OFFICE OF PENSIONS:

Please be advised that _____, _____
(Name of Individual) (Social Security No.)
a pension covered member of our Company _____
(Name of Fire Company/Auxiliary)
expired on _____. A certified copy of the death certificate is
(Date of Death)
attached for your files.

Pursuant to the provisions of Title 16, Del. Code 6659, we hereby request a death benefit be made to the designated beneficiary(ies) or, in the absence of a designated beneficiary(ies), to the estate of our former member.

Authorized Company Signature Title Date

FOR USE OF OFFICE OF PENSIONS ONLY

Checked to Actuarial File (Form P-1) _____ Date: _____
Designated Beneficiary on file: Yes _____ No _____

Name of Beneficiary(ies): _____ Address _____

