



**BENEFICIARY CLAIMANT'S STATEMENT**

BEN220

**DECEASED PERSONAL INFORMATION:**

Name: \_\_\_\_\_ Member/Ministerial File No.: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No.: \_\_\_\_\_ Date of Death.: \_\_\_\_\_

**SPOUSE/NEXT OF KIN:**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ E-Mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Soc. Sec. No: \_\_\_\_\_ Relationship: \_\_\_\_\_

**IF SPOUSE OF DECEASED:**

Date of marriage: \_\_\_\_\_

**CHILDREN:** *(Please list each unmarried child under 23 years of age and still in school)*

NAME	SOCIAL SECURITY NO.	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature \_\_\_\_\_  
Spouse/Next of Kin

Date \_\_\_\_\_

*NOTE: THIS APPLICATION SHOULD BE RETURNED WITH A CERTIFIED COPY OF THE CERTIFICATE OF DEATH.*