



BENEFICIARY CLAIMANT'S STATEMENT

TRADITIONAL, BEFORE-TAX ACCOUNT

ROTH 403(b) AFTER-TAX ACCOUNT

BEN220 (03/24)

DECEASED'S 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: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Soc. Sec. No: _____ Relationship: _____

E-mail address: _____@_____

Are you a credentialed minister? No Yes # _____

IF SPOUSE OF DECEASED:

Date of marriage: _____

CHILDREN: (Please list any children of the **deceased** who are unmarried, 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.