



Eighth District Electrical Fringe Benefit Funds

Affidavit of Survivorship

Instructions: To be completed only if the participant did not name a beneficiary or if a named beneficiary has predeceased the insured. Please also forward a certified copy of the death certificate for any named beneficiary who predeceased the insured. This form should be notarized by a third party who does not have an interest in the proceeds.

Full name of participant: _____ Date of Birth: _____

Social Security Number: _____ Date of Death: _____

Did the participant leave a spouse living at their death? YES or NO (Please circle ONE)

Full Name of Spouse (if living): _____ Date of Birth: _____

Address: _____

Social Security Number: _____

Full Name of Ex-Spouse (if living): _____ Date of Marriage: _____

Date of Divorce: _____

Address: _____

Were any children of the participant (including those by marriage or legal adoption) living at the time of the participant's death? YES or NO (Please circle ONE)

Please list ALL names of children, dates of birth and addresses.

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Physical Address: 4704 Harlan Street, Suite 104 • Denver, CO 80212

Physical Address: 5295 South Commerce Drive, Suite 220 • Murray, UT 84107

Mailing Address: P.O. Box 30751 • Salt Lake City, UT 84130

Toll Free: 844-989-2321

www.8thDistrictBenefits.org

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Were any parents of the participant living at the participant's death? YES or NO (Please circle ONE)

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Name: _____ Date of Birth: _____

Address: _____

Social Security Number: _____ Phone: _____

Signature: _____ Date: _____

Must be Notarized by a Notary Public

Signature: _____ Date: _____

Must be Notarized by a Notary Public

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of: _____

On _____ before me, _____
DATE NAME, TITLE OFFICER –E. G; "JANE DOE, Notary Public"

personally appeared _____,

Personally known to me – OR- proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument, the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE OF NOTARY

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