



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

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