



# IBEW Pension Benefit Fund Affidavit of Next of Kin

NAME OF DECEDENT \_\_\_\_\_ CLAIM NUMBER \_\_\_\_\_

**INSTRUCTIONS:** The benefit will be paid in order of priority as follows: 1.) member's spouse; or if none 2.) member's children equally; or if none 3.) member's parents; or if none 4.) member's estate. Please print clearly, answer ALL questions and enter "N/A" where a response is not applicable. The person completing this form must be the one who signs it in the presence of a notary or local union official. If necessary, attach additional pages.

**THIS FORM MUST BE COMPLETED BY SOMEONE NOT SHARING IN THE DEATH BENEFIT AS NOTED ABOVE**

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, being first duly sworn, depose and state that I knew the  
above deceased member and his/her family for \_\_\_\_\_ years before his/her death, and my relationship to the  
deceased member is \_\_\_\_\_.

**A.** Did the deceased member have a legal surviving spouse? If so, please provide the following information:

Name _____	Phone _____
Address _____	

**B.** Please list all children of the deceased. (**NOTE:** this should include both natural or adopted children, but not stepchildren unless legally adopted.) **Provide copy of birth certificate if minors.**

1.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
2.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
3.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____

4.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
5.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
6.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
7.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____
8.	Name _____ Phone _____ Birthdate _____ Address _____ Relationship: <input type="checkbox"/> Son <input type="checkbox"/> Daughter If deceased, please provide their date of death _____

**C.** Please list the parents of the deceased.

1.	Name _____ Phone _____ Address _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother If deceased, please provide their date of death _____
2.	Name _____ Phone _____ Address _____ Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Mother If deceased, please provide their date of death _____

**D.** Please identify the court-appointed executor, administrator, or other person handling the estate of the member, and provide the Estate Tax ID Number (for U.S. claims only). **Attach a copy of letters of administration/testamentary.**

Name _____	Phone _____
Address _____	
Estate Tax ID Number _____	

**E.** If there is no estate to be probated or no court-appointed executor or administrator, please identify the individual responsible for handling the member's affairs.

Name _____	Phone _____
Address _____	

This form ***MUST BE*** signed by the individual completing the affidavit and in the presence of a notary or local union official.

Signature \_\_\_\_\_

Name (print) \_\_\_\_\_

Date \_\_\_\_\_

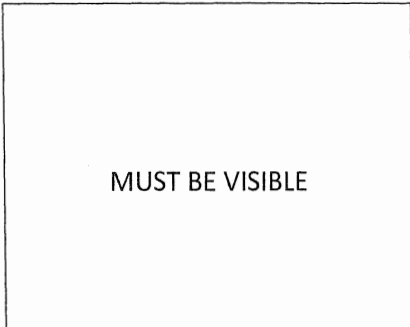
Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary or Local Union Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

My Commission Expires on \_\_\_\_\_

**Return form to:**  
**IBEW PBF**  
**900 7<sup>th</sup> St NW**  
**Washington DC 20001**  
**Fax (202)728-6138**  
**[pension@ibew.org](mailto:pension@ibew.org)**



Insert Notary or Local Union stamp/seal in box above (shade over with pencil if emailing or faxing the form)