

## IBEW PENSION BENEFIT FUND

## AFFIDAVIT OF NEXT OF KIN

(This form must be completed by someone who will not share in this death benefit.)

MEMBER:
MRS FIRST NAME  MI.  MS  JR  JR
LAST NAME  SR IV
Death Claim Number  For I.O. use only.  Gender*  MALE   FEMALE
MR   FIRST NAME   M.I.   MRS   MRS
LAST NAME
residing at
ADDRESS (STREET & NUMBER)
CITY STATE ZIP CODE+4
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

Form No. 382 Rev 1/04



Page 1 of 7



Please list all surviving children of the deceased (both natural or legally adopted) and provide all the additional information as requested. (List stepchildren only if they are legally adopted.) We cannot process this claim unless all requested information is provided.

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MR FIRST NAME	M.1.
☐ MS	JR 🗆 III
LAST NAME	
ADDRESS (STREET & NUMBER)	
CITY	STATE ZIP CODE+4
PHONE NUMBER	SOCIAL SECURITY NUMBER
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DATE OF BIRTH	Cd*
	Gender*  ☐ MALE ☐ FEMALE
☐ MR FIRST NAME	M.I.
MS	
MRS	
LAST NAME	
ADDRESS (STREET & NUMBER)	
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/ / / /	Gender* □ MALE □ FEMALE



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MR FIRST NAME	M.I.
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☐ MR FIRST NAME	M.I.
☐ MR FIRST NAME ☐ MS ☐ MRS	M.i.
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☐ MR FIRST NAME ☐ MS ☐ MRS ☐	
MR FIRST NAME MS MRS MRS LAST NAME  ADDRESS (STREET & NUMBER)	
MR FIRST NAME MS MRS MRS LAST NAME  ADDRESS (STREET & NUMBER)	



If any of the children died after the member's death, please list their name(s) and date(s) of death:

☐ MR FIRST NAME ☐ MS ☐ MRS ☐ MRS ☐ LAST NAME ☐ DATE OF DEATH ☐ MALE ☐ FEMALE	M.I.  JR  SR	
MR FIRST NAME  MS	M.I.  JR  SR	□ III
Please provide the following information about the surviving padeceased member:    MR   FIRST NAME     MS     MRS   LAST NAME   LAST NAME   LAST NAME   LAST NAME   CAST NAME	ments of the	
ADDRESS (STREET & NUMBER)  CITY  STATE ZIP CODE  PHONE NUMBER  SOCIAL SECURITY NUMBER  (		
Form No. 382 Rev 1/04	Page 5 of 7	

□MR	FIRST N	NAME																		^	<u> </u>			
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\* This identification is for statistical purposes only, will be kept confidential, and will not be used for any purpose that would violate Title VII of the Civil Rights Act of 1964, as amended.



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

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☐ MR FIRST NAME	M.I.
☐ MS	
LAST NAME	
	SR DIV
ADDRESS (STREET & NUMBER)	
CITY	STATE ZIP CODE+4
PHONE NUMBER	
(	
TO BE SIGNED BY THE INDIVIDUAL COMPL	ETING THE AFFIDAVIT:
	TODAY'S DATE (MM/DD/YYYY)
SIGNATURE	
SUBSCRIBED AND SWORN TO BEFORE ME.	
	TODAY'S DATE (MM/DD/YYYY)
NOTARY SIGNATURE	
NOTARY PRINTED NAME	
MY COMMISSION EXPIRES ON: /	
Form No. 382 Rev 1/04	Dece 7 of 7
	Page 7 of 7