



ALABAMA FIREFIGHTERS' ANNUITY & BENEFIT FUND
Post Office Box 71210
Tuscaloosa, Alabama 35407

APPLICATION FOR LINE OF DUTY DEATH BENEFITS

TO: THE BOARD OF COMMISSIONERS Date of Signature _____

In accordance with the provisions of Title 36-21-191 I hereby, as Beneficiary of the Deceased, make application for Death Benefits. Please attach a copy of the letter indicated favorable adjudication of the decedants claim for benefits from the Alabama Board of Adjustments.

PART I

1. Name of Deceased Member _____

2. Date of death of Deceased Member _____

3. Name of last employer of Deceased Member _____

4. Give cause of death of Deceased Member _____

a. Natural Causes _____

b. Killed in Line of Duty _____

(If answer is YES, explain in detail the circumstances)

5. Signature of Beneficiary _____

6. Social Security No. of Beneficiary _____

(Death benefits are reported to the Internal Revenue Service)

7. Relationship of Beneficiary to Deceased _____

8. Current Address of Beneficiary _____

9. Telephone Number _____ Membership No. of Deceased _____

10. Social Security No. of Deceased _____

State of Alabama, County of _____

On this _____ day of _____, _____, personally appeared before me, the above named _____

and made oath that the statements made above are true.

Signature of Notary Public _____

PART II - TO BE FILLED IN BY LAST EMPLOYER

1. Date Deceased Member's services as a firefighter ceased _____

2. Indicate if death was from natural causes or occurred in line of duty _____

3. Signature of Employer _____

(Title)

(Date)