



APPLICATION FOR DEATH BENEFITS

Alabama Firefighters' Annuity & Benefit Fund
P.O. 71210
Tuscaloosa, Alabama 35407

TO THE BOARD OF COMMISSIONERS:

In accordance with the provisions of **Section 15, Death Benefits, of Title 36-21-191**, I hereby as Beneficiary of the Deceased, make application for Death Benefits.

1. Name of Deceased Member _____

2. Membership No. of Deceased _____

3. Social Security No. of Deceased _____

4. Date of death of Deceased Member _____

5. Name of last employer of Deceased Member _____

6. Give cause of death of Deceased Member _____

a. Natural Causes _____ b. Other Causes _____

Signature of Beneficiary _____

Printed name _____ Date _____

8. Social Security No. of Beneficiary _____
(Death benefits are reported to the Internal Revenue Service)

9. Relationship of Beneficiary to Deceased _____

10. Current Address of Beneficiary _____

11. Telephone Number _____ Date of Birth _____
(Beneficiary) (Beneficiary)
(Beneficiary)

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 _____