



RICHMOND RETIREMENT SYSTEM DEATH BENEFIT CLAIMANT FORM

PART A. DECEASED MEMBER'S INFORMATION (Please attach a certified copy of the death certificate.)

Name:	Social Security No.:
Address:	Date of Death:
	Place of Death:

PART B. BENEFICIARY/PAYEE INFORMATION (Only 1 beneficiary per claimant form.)

Name:	Social Security No.:
Address:	Telephone Number:
	By what right of relationship do you claim benefits? Beneficiary Administrator or Executor of Estate Other: _____

PART C. CERTIFICATION

I certify that the information provided on this form is true, complete and accurate to the best of my knowledge. I also certify that I am legally entitled to this benefit.

Claimant's Signature: _____ Claimant's Age: _____
 State of _____ City/County of _____ on _____, 20_____

The individual whose name is signed above appeared before me, acknowledged the signature to be his/her, and having been sworn by me, made an oath that the statements are true.

Notary Public: _____
 My commission expires: _____
 Notary Registration Number: _____

RRS USE ONLY

Death Benefit Amount: _____	Payment Date: _____
Number of Beneficiaries: _____	Active/Retiree No.: _____
Pending: _____	
Processed by: _____	Date: _____
Approved by: _____	Date: _____