



Building your financial future

Death Benefit Claimant Form

DIRECTIONS

Please fill out your form, typed or printed in ink, and submit to:

730 E. Broad Street, Suite 900
Richmond, VA 23219

All forms are processed on the 15th of the month, and checks are mailed the last business day of the month.

RRS USE ONLY	
1. City Code Sec:	22-296 22-297
2. Legacy #	# _____
3. Oracle #	# _____
4. Date of Birth	___ / ___ / ___
5. Death Benefit, Less Overpayments	\$ _____
6. Beneficiary #	# ___ of ___
7. Payment Amount	\$ _____
8. Payment Date	___ / ___ / ___
9. Reviewer #1	
10. Reviewer #2	
11. Notes:	

PART A. CLAIMANT INFORMATION

A1. Name

A2. Date of Birth

A3. Address Line 1

A4. Address Line 2

A5. Phone Number

A6. Email Address

A7. You are claiming this benefit: ___ as a named beneficiary ___ on behalf of an institution or estate.
If on behalf of institution or estate (i) attach legal documentation outlining your authority and (ii) provide EIN in Box A8.

A8. Social Security #

A9. Your relationship to the deceased: ___ spouse ___ child ___ friend ___ other: _____

PART B. DECEASED MEMBER INFORMATION

B1. Name

B2. Social Security #

B3. Date of Death

B4. Confirm that an original CERTIFICATE OF DEATH or original VERIFICATION OF DEATH is attached:

PART C. CERTIFICATION

You must review, sign, and date this form in front of a registered notary.

By signing the below 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.

c1. Claimant Signature

c2. Date (must match Box C4)

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

c3. Notary Signature

c4. Date (must match Box C2)

c5. Seal / Stamp:

c6. Notary Printed Name _____

c7. City, State _____

c8. Commission Expires _____

c9. Notary Registration # _____