



# Georgia Firefighters' Pension Fund

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## Non-Vested Death Benefit

### PENSION OFFICE AUDIT

Date \_\_\_\_\_ Amount \_\_\_\_\_  
 Check No. \_\_\_\_\_ By \_\_\_\_\_  
 Approved: \_\_\_\_\_

### OFFICE USE ONLY

\_\_\_\_\_

### MEMBER INFO: {please print}

Member ID No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Death \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
month day year

***Please attach a certified copy of Death Certificate and a notarized copy of Beneficiary identification with photograph, i.e. valid Driver's License, current Passport, or other government issued identification.***

### BENEFICIARY INFO: {please print}

Social Security No. \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Residence Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Relationship \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: Male \_\_\_\_\_ Female \_\_\_\_\_  
month day year

Sworn to and subscribed before me

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature of Beneficiary

\_\_\_\_\_  
Signature of Notary Public & Seal

\_\_\_\_\_  
Print Name of Beneficiary

\_\_\_\_\_  
My Commission Expires On