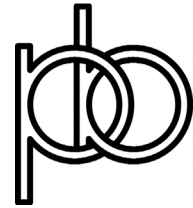


The Pension Boards - United Church of Christ
 475 Riverside Drive * Room 1020
 New York, NY 10115
 Tel: (800) 642-6543
 Fax: (212) 729-2701
 Internet: www.pbucc.org
 E-mail: info@pbucc.org



An Affiliated Ministry of the
 United Church of Christ

Post-Retirement Pension Death Benefits

Submit the following data about the deceased member.

Social Security No.		Name (last, first, middle initial)	
Address (no. and street)		City, State, Zip	
Phone No. (with area code)		E-mail Address	
Date of Birth (month, day, year)		Certificate No.	
Date of Death	Place of Death	Cause of Death	Death Certificate Attached (check box if true) <input type="checkbox"/>

Names of Surviving Children	Dates of Birth	Place of residence

I submit the following data about myself.

Social Security No.		Name (last, first, middle initial)	
Address (no. and street)		City, State, Zip	
Phone No. (with area code)		E-mail Address	
Date of Birth (month, day, year)	Relationship to Deceased	If widowed spouse, give date of marriage to deceased.	

Signature and Date: I do hereby affirm that I have carefully read and understood the items on this form and each and every entry is full, true and complete and they, together with all documents attached hereto, are submitted to the Pension Boards-United Church of Christ as proof of death and justness of claim.

Signature of Claimant	Date
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