



Death Benefits for Estates Form

MEMBER ID: _____

DECEASED MEMBER INFORMATION

Please attach a copy of the death certificate.

SSN: _____ Date of Birth: ____/____/____ Gender: [] M [] F

Name of Member (last, first, middle initial): _____

Address: _____ City _____ State ____ ZIP _____

ESTATE INFORMATION

Tax ID Number: _____

(Please attach a copy of the court documentation for the issuance of the Tax ID Number.)

Estate of: _____ Administrator/Executor: _____

Address: _____ City _____ State ____ ZIP _____

Phone: (____) ____ - ____ Email: _____

PAYMENT BASIS

Please check the following:

[] Single Sum Payment: I understand that no additional payments will be due to the Estate or to any beneficiary after payment of the lump sum.

SIGNATURE

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

Administrator/Executor Signature: _____ Date: ____/____/____

Notary Signature: _____ Date: ____/____/____

Please return this signed and completed form by email to: info@pbucc.org; by fax: 212.729.2701; or mail to: Pension Boards-UCC, 475 Riverside Drive, Suite 1020, New York, NY 10115.