



BOARD OF PENSIONS

AND RETIREMENT

PHILADELPHIA PUBLIC EMPLOYEES
RETIREMENT SYSTEM

SURVIVOR APPLICATION

PLEASE COMPLETE THIS FORM IF YOU ARE A DESIGNATED SURVIVOR AND YOU WANT TO APPLY FOR SURVIVOR BENEFITS. PLEASE INCLUDE A COPY OF MEMBER'S DEATH CERTIFICATE, YOUR PROOF OF AGE, NAME CHANGES (IF APPLICABLE) AND A COPY OF YOUR SOCIAL SECURITY CARD ALONG WITH THIS APPLICATION.

PLEASE PRINT

Deceased Member's Name _____

Member's Social Security Number _____ Member's Date of Death _____

Survivor's Full Name _____
Last First Middle

Survivor's Date of Birth: _____ Survivor's Social Security Number _____

Survivor's Address: _____

_____ City State Zip Code

Telephone Number _____

NOTE: YOU SHOULD SIGN THIS APPLICATION THE WAY YOU TYPICALLY SIGN YOUR NAME AND THE WAY YOU WILL ENDORSE YOUR PENSION CHECKS.

Survivor Signature Date

NOTE: YOUR SIGNATURE MUST BE WITNESSED

Witness Name (PRINT): _____

Signature of Witness Date

Address of Witness _____

_____ City State Zip Code

* For a complete listing of acceptable documentation please see the back of this form.

TWO PENN CENTER PLAZA, 16TH FLOOR, PHILADELPHIA, PENNSYLVANIA 19102
Phone: 215-685-3441 • Fax: 215-496-7438

ACCEPTABLE DOCUMENTS FOR PROOF OF AGE

- Valid Passport
- Birth certificate
- DD 214
- Baptism record
- Driver's license

ACCEPTABLE PROOF OF NAME CHANGES:

- Divorce Papers
- Marriage Certificate
- Death Certificate
- Legal Documents from a Court Changing Your Name