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)

Social Security No: _____

Last Name: _____ First: _____ Middle: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Gender: Male ☐ Female ☐

Date of Death: ____/____/____

BENEFICIARY INFO

(Please Print)

Last Name: _____ First: _____ Middle: _____

Home Mailing Address: _____

City: _____ State: _____ Zip: _____

Social Security No: _____ Date of Birth: ____/____/____ Gender: Male ☐ Female ☐

Relationship: _____

Banking Info

(Complete this section to receive payment via direct deposit, this will avoid delays caused by mail)

Financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Checking ☐ Savings ☐

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

_____
Signature of Beneficiary

_____
Date

Sworn to and subscribed before me

this _____ day of _____, _____.

_____
Signature of Notary Public & Seal

_____
My Commission Expires On