55 Water Street

New York, N.Y. 10041

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## AFFIDAVIT OF CLAIMANT, NOT NAMED BENEFICIARY

Name of Deceased:	per First Name	Member Last Nam		
		Wember Last Nam	C	
State of:		SS#:		
County of:				
1. That s/he is the				
2. That s/he is ages 21 and ov		-		
2. That s/he is ages 21 and ov	er and resides at			
3. That s/he submits this affic certain benefits which may said Trustees to such paym	be payable by the said Tru			upport of an application for nt and in order to induce the
				e, to the best of his knowledge, edent. If there are none, state
NAME	ADDRESS		RELATION	SHIP AGE
	<del></del>			
		<del></del>		
	<del></del>			
I hereby certify that the above	person(s) are the only living	ig relative(s) of the above	member.	
				Signature of Claimant
Sworn to and Subscribed before	re me,			
This day o	f, 20			
Notary Public or Other Office				Stamp or Seal