



CLAIM AND PROOFS OF DEATH

INSTRUCTIONS - The following proofs are required by the Board of Trustees of the City of Miami General Employees' and Sanitation Employees' Retirement Trust in all cases where payments are due to the estate or designated beneficiary of a deceased member of the retirement fund. Every question must be definitely and fully answered. Each certificate must be sworn to before an officer duly authorized to administer oaths.

Proof No. 1 - THE CLAIMANT'S CERTIFICATE must be executed by the person legally entitled to receive money, who must state in what capacity he or she makes the claim, whether as beneficiary designated by the deceased in the records of the retirement office, executor, administrator, guardian or other legal representative. All authority derived from a court must be evidenced by a certificate of appointment duly authenticated and attached hereto.

Proof No. 2 - A CERTIFIED COPY OF THE CERTIFICATE OF DEATH of the subject deceased member of the above retirement fund, OR OTHER PROOF OF DEATH, submitted and attached hereto.

1. Register number of Deceased _____
2. Name of Deceased _____
3. Last residence of Deceased _____
4. Place of birth of Deceased _____
5. Date of birth of Deceased _____
 - a. Is your above answer derived from a written or printed public record or family record ☐ Yes ☐ No
 - b. If so, what record? _____
 - c. If not from a written or printed record from or how was it derived? _____
6. Place of death of Deceased _____
7. Date of death of Deceased _____
8. Cause of death of Deceased _____
9. Duration of last illness (years and months) _____
10. Name of Deceased's father _____
11. Name of Deceased's mother _____
12. Give name of County and State where Deceased's estate is being or will be administered _____
13. Name of doctor who attended the Deceased in last illness _____
14. Address of doctor who attended the Deceased in last illness _____
15. Name of Claimant _____
16. Residence of Claimant _____
17. Place of birth of Claimant _____
18. Date of birth of Claimant _____
19. What benefits are you claiming from the retirement trust? _____
20. Are you legally entitled to receive the entire amount of the benefits claimed? ☐ Yes ☐ No
21. Were you named by the Deceased as a Beneficiary of the benefits claimed? ☐ Yes ☐ No
22. By what right of relationship do you claim benefits? _____
23. How long have you known the Deceased? (years and months) _____
24. Did Deceased leave any Husband, Wife, Child, Children, Sister, Brother or other Relatives? Give name, relations _____

25. Deceased Social Security number _____ 26. Claimant's Social Security number _____

Claimant's Signature _____ Date _____

Claimant's Cell Phone _____ Claimant's email _____

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.
Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

(NOTARY SEAL) _____
(Signature of Notary Public) _____ Name of Notary - Typed, Printed or Stamped _____

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