



# APPLICATION FOR SURVIVING SPOUSE PENSION

**TO: BOARD OF TRUSTEES**

Date: \_\_\_\_\_

I hereby certify that I am widow/widower of the late \_\_\_\_\_,  
and entitled to receive death benefits under the terms of the Fort Worth Employees' Retirement Fund.

Attached hereto:

- \_\_\_\_\_ Certified Copy of Death Certificate
- \_\_\_\_\_ Copy of your Driver's License/State Issued ID
- \_\_\_\_\_ Copy of your Social Security Card
- \_\_\_\_\_ Copy of your Birth Certificate/Passport
- \_\_\_\_\_ Copy of the Marriage License

Surviving Spouse Information (Please Print):

Name	Social Security Number
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Physical Address	City	State	Zip Code
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Mailing Address <i>(if applicable)</i>	City	State	Zip Code
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Primary Telephone Number	Alternate Telephone Number <i>(if applicable)</i>
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Email Address *(optional)*

<i>Signature</i>	<i>Date</i>
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<i>Witness' Signature</i>	<i>Date</i>
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For Office Use ONLY:

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|--|---|---|
| <input type="checkbox"/> CERTIFIED COPY OF DEATH CERTIFICATE | <input type="checkbox"/> DRIVER'S LICENSE | <input type="checkbox"/> SOCIAL SECURITY CARD |
| <input type="checkbox"/> BIRTH CERTIFICATE                   | <input type="checkbox"/> MARRIAGE LICENSE |   |