



Building your financial future

# Death Benefit Claimant Form

## DIRECTIONS

Please fill out your form, typed or printed in ink, and submit to:

730 E. Broad Street, Suite 900  
Richmond, VA 23219

All forms are processed on the 15th of the month, and checks are mailed the last business day of the month.

RRS USE ONLY	
1. City Code Sec:	22-296 22-297
2. Legacy #	# _____
3. Oracle #	# _____
4. Date of Birth	___ / ___ / ___
5. Death Benefit, Less Overpayments	\$ _____
6. Beneficiary #	# ___ of ___
7. Payment Amount	\$ _____
8. Payment Date	___ / ___ / ___
9. Reviewer #1	
10. Reviewer #2	
11. Notes:	

## PART A. CLAIMANT INFORMATION

A1. Name

A2. Date of Birth

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A3. Address Line 1

A4. Address Line 2

A5. Phone Number

A6. Email Address

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A7. You are claiming this benefit: \_\_\_ as a named beneficiary \_\_\_ on behalf of an institution or estate.  
If on behalf of institution or estate (i) attach legal documentation outlining your authority and (ii) provide EIN in Box A8.

A8. Social Security #

A9. Your relationship to the deceased: \_\_\_ spouse \_\_\_ child \_\_\_ friend \_\_\_ other: \_\_\_\_\_

## PART B. DECEASED MEMBER INFORMATION

B1. Name

B2. Social Security #

B3. Date of Death

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B4. Confirm that an original CERTIFICATE OF DEATH or original VERIFICATION OF DEATH is attached:

## PART C. CERTIFICATION

**You must review, sign, and date this form in front of a registered notary.**

By signing the below I certify that the information provided on this form is true, complete, and accurate to the best of my knowledge. I also certify that I am legally entitled to this benefit.

\_\_\_\_\_  
c1. Claimant Signature

\_\_\_\_\_  
c2. Date (must match Box C4)

**The individual whose name is signed above appeared before me, acknowledged the signature to be his/hers, and having been sworn by me, made an oath that the statements are true.**

\_\_\_\_\_  
c3. Notary Signature

\_\_\_\_\_  
c4. Date (must match Box C2)

c5. Seal / Stamp:

c6. Notary Printed Name \_\_\_\_\_

c7. City, State \_\_\_\_\_

c8. Commission Expires \_\_\_\_\_

c9. Notary Registration # \_\_\_\_\_