



City of Knoxville Pension System  
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Knoxville, TN 37917-7737  
Phone: (865) 215-1444  
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## APPLICATION FOR SURVIVOR'S BENEFITS

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I WISH TO APPLY FOR A SURVIVOR'S BENEFIT FROM THE CITY OF KNOXVILLE  
PENSION SYSTEM PER CHARTER SECTION \_\_\_\_\_

I AM THE SURVIVOR OF: \_\_\_\_\_

RETIRED: \_\_\_\_\_

WHO DIED: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PLAN: \_\_\_\_\_

### SURVIVOR INFORMATION

NAME: \_\_\_\_\_

SSN: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE BENEFIT BEGINS: \_\_\_\_\_

AMOUNT OF BENEFIT: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

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### OFFICE USE ONLY

RECEIVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_