



City of Knoxville Pension System
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APPLICATION FOR SURVIVOR'S BENEFITS

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

OFFICE USE ONLY

RECEIVED BY: _____ DATE: _____