

Affidavit of Surviving Spouse, Gerken v. Sherman, 06AC-CC00123-04

1. My name is _____.

2. I was married to _____
(Name of Spouse)

on _____.
(Date of marriage)

3. My spouse received the Blind Pension on a monthly basis for one or more months between February 1, 2001, and June 30, 2010.

4. My spouse died on _____.
(You must attach a copy of death certificate to this Affidavit).

5. I was married to my spouse at the time of my spouse's death.

6. I request that any back benefits for which my spouse was entitled from the resolution of the class action involving the pension be paid to me as a surviving spouse.

7. I am not aware of any other person or entity which has or may have a claim to recover the funds. I am entitled to receive these back benefits ahead of any other claimant(s) either under a will or under the rules of intestate descent.

8. I agree and affirm that I am solely responsible for reimbursing any person who may have a claim to the benefits.

9. My current mailing address is:

10. My Social Security Number is:

_____.

11. My date of birth is: _____.

12. My deceased spouse's Social Security Number is:

_____.

The undersigned states that the foregoing information is made under affirmation, and its representations are true and correct to the best of my knowledge and belief, subject to penalties of making a false declaration.

Date: _____

Signature of surviving spouse of Eligible Member