



PREFERENCE BENEFICIARY'S AFFIDAVIT

I \_\_\_\_\_, residing at \_\_\_\_\_, \_\_\_\_\_  
(City or Town)

\_\_\_\_\_ being first duly sworn, depose and state:  
(State or Province)

WIDOW OR WIDOWER	That I am the surviving spouse of the deceased person named above.  The date of my birth is: _____  (SIGNED) _____
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SON OR DAUGHTER	That the deceased person named above left no surviving spouse; that I am a child of the deceased; and that the deceased left no surviving children other than myself and those listed below:  Name and Address _____ Date of Birth _____  The date of my birth is: _____  (SIGNED) _____
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FATHER OR MOTHER	That the deceased person named above left no surviving spouse or child; that I am a parent of the deceased; and that the other parent is listed below:  Name _____ Present address or date of death _____  (SIGNED) _____
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BROTHER OR SISTER	That the deceased person named above left no surviving spouse, child, or parent; that I am the brother /sister of the deceased; and that the deceased left no surviving brothers or sisters other than myself and those listed below:  Name and Address _____ Date of Birth _____  Date of my birth is: _____  (SIGNED) _____
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EXECUTOR OR ADMINISTRATOR	That the deceased person named above left no surviving spouse, child, or parent, brother or sister; and that I am the executor or administrator of the estate of the deceased.  (SIGNED) _____
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State of California  
County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,  
by \_\_\_\_\_, personally known to me or proved to me on the basis  
of satisfactory evidence to be the person(s) who appeared before me.

(SEAL)

Signature \_\_\_\_\_  
Notary Public or other official

# **I.B.E.W. LOCAL 332 PENSION TRUST FUND**

## **ADMINISTRATIVE OFFICES**

**1120 S. BASCOM AVENUE, SAN JOSE, CA 95128-3590**

**(408) 288-4559**

### **INSTRUCTIONS CONCERNING SUBMISSION OF PROOFS OF AGE**

The acceptable proofs of your age are listed below in two groups. Submit a photostatic copy of one of the proofs listed in Group I. If you have it, or can possibly obtain it since this class of proof of age is the more convincing.

If you cannot submit a proof in the Group I classification, submit photostatic copies of two (2) of the proofs listed in Group II. You are cautioned, however, that naturalization papers, United States Passports and Immigration papers may not be photostated. If you are submitting any of these, you must send the original. It will be returned to you.

Additional proofs of age may be requested if the documents you submit do not constitute convincing proof of your age.

#### **GROUP I**

1. A birth certificate.
2. A baptismal certificate or a statement as to the date of birth shown by a church record, certified but the custodian of such record.
3. Notification of registration of birth in a public registry of vital statistics.
4. Certification of record of age by the U.S. Census Bureau.
5. Hospital birth record, certified by the custodian of such record.
6. Document showing approval of Social Security Pension.
7. A foreign church or government record.
8. A signed statement by the Physician or midwife who was in attendance at birth, as to the date of birth as shown on their records.
9. Naturalization record. (Photostat not permitted: submit original)
10. Immigration papers (Photostat not permitted: submit original)

#### **GROUP II**

11. Military record
12. Passport. (U.S. passports may not be photostated: submit original)
13. School records, certified by the custodian of such record.
14. Vaccination record, certified by the custodian of such record.
15. An insurance policy which shows the age or date of birth.
16. Other evidence such as signed statements from persons who have knowledge of the date of birth.