



Los Angeles Police Retirement Benefit & Ins. Assn Death Benefit Claim Form

Decedent's Information		
Name (Full Name)		Last 4-Digits of SSN
Decedent's Status: <input type="checkbox"/> Retired Officer <input type="checkbox"/> Active Officer	Date of Birth	Date of Death
Street Address		Unit
City	State	Zip Code
Beneficiary Information		
Name (Full Name)		
Relationship to Decedent	Phone Number	
Street Address		Unit
City	State	Zip Code
Email Address		
Death Benefit – Check all that apply.		
<input type="checkbox"/> RB&I Life Insurance		
The above statements are true and complete to the best of my knowledge and belief. I understand and agree that by furnishing this form, the Los Angeles Police Retirement Benefit and Insurance Association (RB&I) shall not be held to admit validity of any claim, or waive any of its rights, or any of the conditions of the policies.		
Beneficiary Signature- Notarization Required		Date

Questions? Contact RB&I by sending an email to benefits@rbandi.org or call 866.963.0933.

Los Angeles Police Retirement Benefit & Insurance Association, Inc. P.O. Box 3095 Long Beach, CA 90803

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of _____)

On _____ before me, _____
(insert name and title of the officer)

personally appeared _____,
who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____ (Seal)