

**TO THE EXECUTIVE DIRECTOR AND BOARD OF TRUSTEES
OF THE RETIRED EMPLOYEES' DEATH BENEFIT FUND
OF THE CITY OF FORT WORTH**

I hereby affirm that I am the surviving spouse or designated beneficiary of:

_____ the "Decedent"
who passed away on _____ in _____
Date City, State
and who was, at his or her death, a retired employee of the City of Fort Worth.

I hereby irrevocably accept the sum of Five Thousand Dollars (\$5,000.00) as payment in full of the amount which I am or the estate of the Decedent is entitled to receive from the Retired Employees' Death Benefit Fund, as provided in the Death Benefit Ordinance, as amended, published in Chapter 2, Article VI, Division 2 of the Code of the City of Fort Worth, Texas. I understand that neither I nor the estate of or survivors of the Decedent are entitled to receive any benefits under the City's group life insurance plan.

For and in consideration of this \$5,000.00 payment, I hereby release and discharge the Executive Director of the Employees' Retirement Fund, the Board of Trustees of the Employees' Retirement Fund and/or the City of Fort Worth, its officers, agents and employees, from and against any and all claims of any nature whatsoever which I, the estate of or survivors of the Decedent have or might have against such parties.

Signature

Witness Signature

Printed Name

Witness Printed Name

Date _____

Date _____

Social Security Number: _____

Address _____

Phone _____ Alternate Phone _____