

**AFFIDAVIT REGARDING ENTITLEMENT TO  
DEATH BENEFITS**

Date: \_\_\_\_\_

I, \_\_\_\_\_, the undersigned do hereby swear that I am the natural or adopted child of \_\_\_\_\_, on whose behalf I am claiming entitlement to death benefits from the AirConditioning and Refrigeration Industry Retirement Trust Fund. (I have submitted documents providing proof of my parentage.)

I also hereby swear that the following information is correct regarding other natural or adopted children of the deceased.

\_\_\_\_\_ I am the only living, natural or adopted child  
\_\_\_\_\_ I have brothers and/or sisters who are entitled  
\_\_\_\_\_ to a share of this benefit. The names and  
Addresses of my siblings are:

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

I understand that if I claim this benefit and other children of the deceased whom I do not disclose to you on this form later make claim for a portion of this benefit, I am liable to pay their portion, plus any attorney's fees or costs in connection with the matter. The AirConditioning and Refrigeration Industry Retirement Trust Fund is held not liable if I have claimed all or part of this benefit falsely.

\_\_\_\_\_  
Signature Social Security Number

\_\_\_\_\_  
Address Phone Number

Dated: \_\_\_\_\_