

Pension Services Notification of Death Form



Participant Information

First Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Social Security Number:	Date of Death (MM/DD/YYYY):	
<input type="text"/>	<input type="text"/>	

Requestor Information

First Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address Line 1:		
<input type="text"/>		
Address Line 2 (optional):		
<input type="text"/>		
City:	State / Province:	Postal Code:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Country:		
<input type="text"/>		
Phone Number:	Email:	
<input type="text"/>	<input type="text"/>	

Signature	Date
<input type="text"/>	<input type="text"/>

Upon completion of this form, please sign with today's date, and return to:
Comerica Pension Services, PO Box 254706, Sacramento, CA 95865-4706 OR fax to: 916.384.2134