

The Preachers' Protective Association
Sponsored by
The South Carolina Conference of the Pentecostal Holiness Church, Inc.

Claim for Benefits (Form)

(To be completed by Beneficiary)

Claim is hereby entered for benefits due to death of:

Full name of deceased: _____

Date of Birth: _____ Female or Male: _____

Address at time of death: _____

Date of death: _____

Place of death: _____

Cause of death: _____

Capacity in which serving at date of death: _____

Name and address of attending physician at death:

Claim benefits are due to be paid to: _____

Relationship: _____

NOTE: Beneficiary will attach hereto the death certificate for the deceased along with a copy of the marriage license, upon request, if beneficiary is a spouse. The Preachers' Protective Association reserves the right to require such additional proof of the identity and right to benefits of beneficiary as they might desire.

Date

Signature of Beneficiary

Payment of Benefits Approved by South Carolina Conference Executive Council.

Signed: _____, Conference Bishop

Paid: _____ Check # _____

Member Name: _____

This is to advise that in the event of my death, I would like for the following person to be the beneficiary of my South Carolina Conference Preachers' Protective Association Beneficiary Designation:

PRIMARY BENEFICIARY:

Name:

Address:

CONTINGENT BENEFICIARY:

Name:

Address:

Name:

Address:

Signed: _____

Date: _____

Witnessed by: _____