

**SP206-93 COLA Award
Inquiry Form**

The purpose of this Inquiry Form is to assist in the Retirement Fund's (the "Fund") effort to contact the beneficiary or beneficiaries named by the deceased COLA Awardee in the Fund's Designation of Beneficiary form, if the COLA Award is payable to the Awardee's beneficiary in accordance with Public Law 29-4. Frequently, retirees or survivors designate as their beneficiary 1) a member or members of their immediate family, or 2) a close relative or friend. As such, please provide the information indicated below relative to the Awardee's immediate family member(s) and/or close relatives or friends.

Name of Deceased COLA Awardee: _____

Awardee's Date of Birth: _____ Social Security Number: _____

COLA Awardee ID Number: _____

If Awardee is a Survivor, Name of Deceased Retiree: _____

Inquirer's Name: _____ Today's Date: _____

Relationship to Awardee / Inquirer's Date of Birth: _____ / _____

Contact Number(s): _____ Mailing Address: _____

List Awardee's immediate family member(s) and/or close relatives or friends. Attach additional pages, if necessary.

1. Name: _____ Relationship to Awardee: _____	2. Name: _____ Relationship to Awardee: _____
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Check (✓) one: Living Deceased

Check (✓) one: Living Deceased

Date of Birth: _____

Date of Birth: _____

Contact Nos.: _____

Contact Nos.: _____

Address: _____

Address: _____

3. Name: _____ Relationship to Awardee: _____	4. Name: _____ Relationship to Awardee: _____
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Check (✓) one: Living Deceased

Check (✓) one: Living Deceased

Date of Birth: _____

Date of Birth: _____

Contact Nos.: _____

Contact Nos.: _____

Address: _____

Address: _____

Received By: _____ Date: _____