

MUNICIPAL FIRE & POLICE RETIREMENT SYSTEM OF IOWA

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DEATH NOTIFICATION FORM

PART I DECEASED INFORMATION:

Date of Death:

First Name

Middle Initial

Last Name

Address 1

Address 2

City

State

Zip

Phone

PART II CONTACT INFORMATION:

First Name

Middle Initial

Last Name

Relationship to Deceased:

Address 1

Address 2

City

State

Zip

Phone

PART III BENEFICIARY INFORMATION

Surviving Spouse? YES NO

Name of Spouse:

Children? YES NO

Name of Children: AGE:

AGE:

AGE: