## **Personal Representative Information Form**



of the following items:					
Original (or certified copy) of the Personal Repres	entative documents				
Copy of the Personal Representative's valid photo	identification				
Deceased Member's Information					
Member Name			Wings ID		
Personal Representative Information					
Personal Representative Name			Wings ID (ii	f applicable)	
Date of Birth		110 7 11 110 11			
Date of Birth		U.S. Tax Identification Nur	mber		
Residence Address (cannot be P.O. Box)		City		State	ZIP Code
Mailing Address (if different from above)	Landline	City		State	ZIP Code
Phone Number	_ Cell Phone	Email Address			
Place of Birth (City/State)	Occupation/Previous	2 Occupation	Retired []	Self-Employe	ed Unemployed
Tide of Birti (City/State)	occupation				
ID Number	Issuing State/Country	У	ID Expiration D	ate	
ID Type: ☐ Driver's License ☐ Passport ☐ State ID					
Notarization					
As further acknowledgement of the above, before m					
	e, the undersigned Noto	ary Public, personally appear	red:		
	e, the undersigned Noto	ary Public, personally appear	red:		
Personal Representative Name	e, the undersigned Notc	rry Public, personally appear			
Personal Representative Name	e, the undersigned Noto				
Personal Representative Name	e, the undersigned Noto				
Personal Representative Name  State County	e, the undersigned Noto				
	e, the undersigned Noto				
State County  Subscribed and sworn before me		Personal Representative			
State County	ne, the undersigned Noto	Personal Representative	Signature		
State County  Subscribed and sworn before me		Personal Representative	Signature		
State County  Subscribed and sworn before me  this of Month		Personal Representative	Signature		
State County  Subscribed and sworn before me		Personal Representative	Signature		
State County  Subscribed and sworn before me  this of Month		Personal Representative	Signature		
State County  Subscribed and sworn before me  this of Month		Personal Representative	Signature		
State County  Subscribed and sworn before me  this of Month		Personal Representative	Signature		
State County  Subscribed and sworn before me  this of Month  Notary Public		Personal Representative	Signature		