



Applying for SDRS Foundation Retirement Benefits

South Dakota Retirement System

PO Box 1098 Pierre, South Dakota 57501-1098

Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

APPLICATIONS MUST BE RECEIVED IN THE SDRS OFFICE AT LEAST ONE COMPLETE CALENDAR MONTH PRIOR TO RETIREMENT (SDCL 3-12-90)

SDRS Form B-2F

Member Information (Please print or type all items)

Social Security Number or SDRS ID	Last Name	First	MI	Maiden
Phone Number	Street Address or PO Box	City	State	ZIP Code
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Email Address	In providing your email address you are granting SDRS permission to include your email address on the SDRS email list. You may unsubscribe from this list at any time by contacting SDRS.			

Job Information

Name of Employer	Date Employment Will End: Month/Day/Year	Last Pay Date: Month/Day/Year
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Benefit Information

Date Benefits to Begin: Month /Year	If Divorced: Is there a Qualified Domestic Relations Order (QDRO)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Spouse Information

Spouse's Social Security Number	Last Name	First	MI	Maiden
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Date of Birth	Date of Marriage		

Authorization for Direct Deposit of Benefit Payments

I authorize the South Dakota Retirement System to credit my benefit payments directly to the bank account provided below. This authority will remain in effect until I notify SDRS in writing, in a timely manner, to cancel it.

INDICATE ACCOUNT TYPE: Checking Savings

ATTACH VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION HERE

Required Documents (Legible photocopies acceptable)		
<input type="checkbox"/> Member's Birth Certificate	<input type="checkbox"/> If Married, Spouse's Birth Certificate	<input type="checkbox"/> For Direct Deposit, Voided Check or Account Information
	<input type="checkbox"/> If Married, Marriage Certificate	

Member's Signature (Must be witnessed by SDRS staff or notarized.)	
<p>I declare and affirm under the penalties of perjury that this information has been examined by me, and to the best of my knowledge and belief, is in all things true and correct.</p> <p>I certify that I will fully and completely end employment and unconditionally terminate and forfeit all employment rights as of the employment end date indicated on this application and that I have not been rehired as a permanent, full-time employee of an SDRS-covered employer, or if rehired, was rehired in an open, competitive process without any expressed or implied agreement to be rehired.</p>	
Signature	Date

Notary Public or SDRS Staff		
Notary Public	STATE OF _____ COUNTY OF _____	
	Subscribed and sworn before me on this _____ day of _____, 20_____, by the person named on this form, proved to me on the basis of satisfactory evidence to be the person who appeared before me.	
	<table border="0" style="width: 100%;"> <tr> <td style="width: 70%;">Notary's Official Signature</td> <td style="width: 30%;">Commission Exp.</td> </tr> </table>	Notary's Official Signature
Notary's Official Signature	Commission Exp.	
	Affix Seal	

SDRS Staff	SDRS Staff Signature	Date