



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)										
Member's Social Security Number	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							
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							
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 on the attached voided check or identified by the account information provided below. This authority will remain in effect until I notify SDRS in writing, in a timely manner, to cancel it.										
<div style="text-align: center; margin-bottom: 10px;"> Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <td colspan="2" style="padding: 5px;">Benefit Recipient Name</td> </tr> <tr> <td colspan="2" style="padding: 5px;">Financial Institution Name and Address</td> </tr> <tr> <td style="width: 50%; padding: 5px;">Routing Number</td> <td style="padding: 5px;">Account Number</td> </tr> </table> <p style="text-align: center; margin-top: 10px;"><u>Or attach voided check here</u></p>					Benefit Recipient Name		Financial Institution Name and Address		Routing Number	Account Number
Benefit Recipient Name										
Financial Institution Name and Address										
Routing Number	Account Number									

Complete Sections on Page 2...

Required Documents (Legible photocopies acceptable)

- Member's Birth Certificate If Married, Spouse's Birth Certificate For Direct Deposit, Voided Check or Account Information
 If Married, Marriage Certificate

Member's Signature*

I hereby 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.

Signature

Date

Spouse's Signature*

Date

* Must be witnessed by SDRS staff or notarized.

Notary Public or SDRS Staff

Notary Public	For Member's Signature: STATE OF _____ COUNTY OF _____ Subscribed and sworn before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.	For Spouse's Signature, if applicable: STATE OF _____ COUNTY OF _____ Subscribed and sworn before me on this _____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person who appeared before me.
	Notary's Official Signature Commission Exp.	Notary's Official Signature Commission Exp.
	Affix Seal	Affix Seal

SDRS Staff	For Member's Signature: SDRS Staff Signature Date	For Spouse's Signature, if applicable: SDRS Staff Signature Date
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