



Applying for SDRS Generational 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 3-12-511)

SDRS Form B-2G

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
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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
<input type="checkbox"/> Single Life: I wish to have my monthly SDRS retirement benefit payable for my lifetime only. All benefit payments shall cease upon my death. Any remaining account balance will be paid to my designated beneficiaries in a lump-sum payment.	
<input type="checkbox"/> Joint and Survivor: I wish to have my monthly SDRS retirement benefit payable for my lifetime, and if my spouse (named below) survives me, I elect to have my spouse receive a percentage of my benefit as follows (indicate %):	
<input type="checkbox"/> 60% of my SDRS Retirement Benefit <input type="checkbox"/> 100% of my SDRS Retirement Benefit	
In electing a Joint and Survivor benefit, any account balance remaining after my death or my spouse's death, whichever is later, will be paid to my designated beneficiaries.	

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

