



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 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.

Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Benefit Recipient Name	
Financial Institution Name and Address	
Routing Number	Account Number
<u>Or attach voided check here</u>	

Complete Sections on Page 2...

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*

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	<p>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.</p>	<p>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.</p>
	<p>Notary's Official Signature _____ Commission Exp. _____</p>	<p>Notary's Official Signature _____ Commission Exp. _____</p>
	<p>Affix Seal</p>	<p>Affix Seal</p>

SDRS Staff	<p>For Member's Signature: SDRS Staff Signature _____ Date _____</p>	<p>For Spouse's Signature, if applicable: SDRS Staff Signature _____ Date _____</p>
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