



Applying for SDRS Survivor 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 BENEFIT COMMENCEMENT

SDRS Form B-3

Member Information (Please print or type all items)

Member's Social Security Number	Last Name	First	MI	Maiden
Member's Date of Death	Member's Date of Birth	Photocopies of Documents Attached? <input type="checkbox"/> Member's Birth Certificate <input type="checkbox"/> Member's Death Certificate		

Applicant Information

Applicant's Social Security Number	Last Name	First	MI	Maiden
Phone Number	Street Address or PO Box	City	State	ZIP Code
Email Address	Relationship to Member	Applicant's Date of Birth	If Spouse, Date of Marriage	Photocopies of Documents Attached? <input type="checkbox"/> Applicant's Birth Certificate <input type="checkbox"/> If Spouse, Marriage Certificate

Dependent Child Information

SDCL 3-12-47 (14) defines "child" as an unmarried dependent child of the member who has not passed the child's nineteenth birthday and each unmarried dependent child who is totally and permanently disabled, either physically or mentally, regardless of the child's age, if the disability occurred before age 19. It includes a stepchild or a foster child who depends on the member for support and lives in the household of the member in a regular parent-child relationship. It also includes any child of the member conceived during the member's lifetime and born after the member's death.

Child's Social Security Number	Name of Child	Date of Birth	Birth Certificate Attached? <input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>
Attach separate sheet, if necessary			

Applicant/Conservator/Custodian's Signature*

Under the South Dakota Uniform Transfers to Minors Act, SDRS cannot make payments directly to minor children. Instead, payment must be made to a conservator or a custodian on behalf of the child.

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.

Signature

Date

* Signature must be witnessed by SDRS staff or notarized.

Notary Public or SDRS Staff

Notary Public	STATE OF _____ COUNTY OF _____	Affix Seal
	Subscribed and sworn before me on this ____ day of _____, 20____, by the above-named applicant, proved to me on the basis of satisfactory evidence to be the person who appeared before me.	

Notary's Official Signature

Comm. Expiration

SDRS Staff	SDRS Staff Signature	Date
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Authorization for Direct Deposit of Benefit Payments

I authorize the South Dakota Retirement System to credit benefit payments directly into 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**