



# B-3A: Application for SDRS Early Surviving Spouse Benefit

South Dakota Retirement System

PO Box 1098, Pierre, SD 57501

Toll-Free: (888) 605-SDRS (7377) Fax: (605) 773-3949

**PLEASE SUBMIT APPLICATION AT LEAST ONE COMPLETE CALENDAR MONTH PRIOR TO BENEFIT START**

## Member Information (Please print or type all items)

|                                   |                        |  |   |       |    |        |
|-----------------------------------|------------------------|--|---|-------|----|--------|
| Social Security Number or SDRS ID | Last Name              |  |   | First | MI | Maiden |
| Member's Date of Death            | Member's Date of Birth |  | Photocopies of Documents Attached?<br><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 |
| Street Address or PO Box  |                  | City |  | State | ZIP Code |        |
| Phone Numbers   |                  |      | Email Addresses  |       |          |        |
| Primary: _____  |                  |      | Primary: _____   |       |          |        |
| Secondary: _____  |                  |      | Secondary: _____   |       |          |        |
| 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. |                  |      |  |       |          |        |
| Applicant's Date of Birth   | Date of Marriage |      | Photocopies of Documents Attached?<br><input type="checkbox"/> Applicant's Birth Certificate <input type="checkbox"/> Marriage Certificate |       |          |        |

## Benefit Information

Date Benefits to Begin: Month/Year

## Authorization for Direct Deposit of Benefit Payments

I authorize the South Dakota Retirement System to credit benefit payments directly into the bank account provided at right. 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**

## Applicant's Acknowledgement and Signature (Must be witnessed by SDRS staff or notarized)

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. I hereby confirm that it is my intention to receive my South Dakota Retirement System surviving spouse benefit prior to attaining my normal retirement age. I acknowledge that in electing to take my surviving spouse benefit prior to normal retirement age, my benefit will be permanently reduced. I further acknowledge that this election is irrevocable once the benefit commences.

Signature

Date

## Notary Public or SDRS Staff

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

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

Commission Exp.

Affix Seal

SDRS Staff Signature

Date