



Applying for SDRS Early Surviving Spouse Benefit

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-3A

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	Applicant's Date of Birth	Date of Marriage	Photocopies of Documents Attached?	
			<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