



B-5: Application for SDRS Beneficiary Refund

South Dakota Retirement System
PO Box 1098, Pierre, SD 57501
Toll-Free: (888) 605-SDRS (7377)

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? <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

Type of Refund Payment

You have three options for the distribution of your SDRS beneficiary refund. Each option has important tax implications. Please read the enclosed IRS notice and consult with your tax advisor. Check one box to indicate your payment election:

A. Direct rollover of all eligible funds to a qualified retirement plan, eligible plan, or IRA. Pay all eligible proceeds to the financial institution listed below.

B. Direct rollover of some eligible funds to a qualified retirement plan, eligible plan, or IRA. Pay \$_____ of the eligible proceeds to me, with the remaining balance to be paid to the financial institution listed below. A percentage as prescribed by law of the taxable amount will be withheld for federal income tax purposes.

C. Direct payment to me. Pay all eligible proceeds to me. A percentage as prescribed by law of the taxable amount will be withheld for federal income tax purposes.

Direct Rollover (If you checked A or B above, you must complete this section.)

Check one of the following and provide the name, address, and account number of your financial institution.

Rollover to be made to an eligible traditional IRA that will accept a direct rollover.

Rollover to be made to a Roth IRA that will accept a direct rollover.

Rollover to be made to a qualified or eligible 401(a), 403(b), 457, or other retirement plan that will accept a direct rollover.

Name of Financial Institution	Account Number
Street Address or PO Box	City
	State
	Zip

Applicant's 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 apply for a refund of the accumulated contributions credited to the above-named deceased member. I acknowledge receipt of a copy of the IRS Tax Notice Regarding SDRS Refunds, and I direct that my refund payment be made as shown above.

Signature _____ Date _____

Notary Public or SDRS Staff

Notary Public	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	SDRS Staff Signature		Date

SDRS Office Use Only	EE Cont:	ER Int:	Service (if applicable):
	ER Cont:	CB84:	Warrant Number:
	EE Int:	Total:	Warrant Date: