



Authorization for Direct Deposit of Benefit Payments

South Dakota Retirement System
PO Box 1098 Pierre, South Dakota 57501-1098
Phone (888) 605-SDRS or (605) 773-3731 FAX (605) 773-3949

SDRS Form B-6

Benefit Recipient Information (Please print or type all items)

Recipient's Social Security Number	Last Name	First	MI	Maiden
Phone Number	Street Address or PO Box	City	State	ZIP Code

Benefit Recipient's Authorization 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 authorize the South Dakota Retirement System to credit my benefit payments directly into the bank account provided below. This authority will remain in effect until I notify you in writing, in a timely manner to cancel it.

Benefit Recipient's Signature

Date

Notary Public or SDRS Staff

Notary Public	STATE OF _____ COUNTY OF _____
	Subscribed and sworn before me on this _____ day of _____, 20_____, the above-named person 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

INDICATE ACCOUNT TYPE: Checking Savings

ATTACH VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION HERE