



B-1: Termination of Contributory Service

South Dakota Retirement System

PO Box 1098, Pierre, SD 57501

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

Member Information (Please print or type all items)

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

Job Information

| | |
|---|--|
| Name of Employer | Date Employment Ended (or LOA commenced): _____ |
| Date Member will Receive Final Compensation (or, if LOA, Date of Last Compensation Prior to Beginning LOA) _____ | Final Contributions (or Last Compensation Prior to LOA) will be Reported on the Monthly Contributions Report for: _____ |
| Month/Year | Month/Year |

Reason for Ending SDRS Contributions:

- Military Leave of Absence
- Leave of Absence Expected return from LOA _____
- Death (If employee's death occurred while employment relationship existed, the date employment ended should be the same as the date of death.)
- * Resignation/Termination
- Disability
- * Retirement

Authorized Agent's Certification and Signature

* If resignation/termination or retirement is indicated as the reason for ending SDRS contributions, I hereby certify, to the best of my knowledge, that this member:

- Has fully and completely ended employment with this participating unit and unconditionally terminated and forfeited all employment rights; and
- Has not been rehired as a permanent full-time employee, or if rehired, was rehired in an open competitive process without any expressed or implied agreement to be rehired.

Authorized Agent's Signature

Date