



B-2G: Application for SDRS Generational Retirement Benefits

South Dakota Retirement System

PO Box 1098, Pierre, SD 57501

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

APPLICATIONS MUST BE RECEIVED IN THE SDRS OFFICE AT LEAST ONE COMPLETE CALENDAR MONTH PRIOR TO RETIREMENT

Member Information (Please print or type all items)				
Social Security Number or SDRS ID	Last Name	First	MI	Maiden
Street Address or PO Box		City	State	ZIP Code
Phone Numbers Primary: _____ Secondary: _____		Email Addresses Primary: _____ 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.				
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married		
Job Information				
Name of Employer		Date Employment Will End: Month/Day/Year	Last Pay Date: Month/Day/Year	
Benefit Information				
Date Benefits to Begin: Month /Year			If Divorced: Is there a Qualified Domestic Relations Order (QDRO)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Single Life: I wish to have my monthly SDRS retirement benefit payable for my lifetime only. All benefit payments shall cease upon my death. Any remaining account balance will be paid to my designated beneficiaries in a lump-sum payment.				
<input type="checkbox"/> Joint and Survivor: I wish to have my monthly SDRS retirement benefit payable for my lifetime, and if my spouse (named below) survives me, I elect to have my spouse receive a percentage of my benefit as follows (indicate %):				
<input type="checkbox"/> 60% of my SDRS Retirement Benefit <input type="checkbox"/> 100% of my SDRS Retirement Benefit				
In electing a Joint and Survivor benefit, any account balance remaining after my death or my spouse's death, whichever is later, will be paid to my designated beneficiaries.				
Spouse Information				
Spouse's Social Security Number	Last Name	First	MI	Maiden
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Spouse's Date of Birth	Date of Marriage		
Authorization for Direct Deposit of Benefit Payments				
I authorize the South Dakota Retirement System to credit my benefit payments directly to the bank account provided below. This authority will remain in effect until I notify SDRS in writing, in a timely manner, to cancel it.				
INDICATE ACCOUNT TYPE: <input type="checkbox"/> Checking <input type="checkbox"/> Savings				
<div style="border: 2px solid black; padding: 20px; width: fit-content; margin: 0 auto;"> ATTACH VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION HERE </div>				

Required Documents (Legible photocopies acceptable)

- Member's Birth Certificate
 If Married, Spouse's Birth Certificate
 For Direct Deposit, Voided Check or Account Information
 If Married, Marriage Certificate

Member'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 certify that I will fully and completely end employment and unconditionally terminate and forfeit all employment rights as of the employment end date indicated on this application and that I have not been rehired as a permanent, full-time employee of an SDRS-covered employer, or if rehired, was rehired in an open, competitive process without any expressed or implied agreement to be rehired.

Signature _____ Date _____

Spouse's Signature (Must be witnessed by SDRS staff or notarized.)

I acknowledge that I have reviewed this application and my spouse's benefit election.

Signature _____ Date _____

Notary Public or SDRS Staff

Notary Public	<p>For Member's Signature: STATE OF _____ COUNTY OF _____ Subscribed and sworn before me on this _____ day of _____, 20____, by the above-named member, proved to me on the basis of satisfactory evidence to be the person who appeared before me.</p>	<p>For Spouse's Signature, if applicable: STATE OF _____ COUNTY OF _____ Subscribed and sworn before me on this _____ day of _____, 20____, by the above-named spouse, proved to me on the basis of satisfactory evidence to be the person who appeared before me.</p>
	<p>Notary's Official Signature _____ Commission Exp. _____</p>	<p>Notary's Official Signature _____ Commission Exp. _____</p>
	<p>Affix Seal</p>	<p>Affix Seal</p>
SDRS Staff	<p>For Member's Signature: SDRS Staff Signature _____ Date _____</p>	<p>For Spouse's Signature, if applicable: SDRS Staff Signature _____ Date _____</p>
	<p>_____</p>	<p>_____</p>