



B-3: Application for SDRS Survivor Benefits

South Dakota Retirement System

PO Box 1098, Pierre, SD 57501

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

PLEASE SUBMIT APPLICATION AT LEAST ONE COMPLETE CALENDAR MONTH PRIOR TO BENEFIT START

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
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.				
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	

Dependent Child Information

SDCL 3-12C-103 defines "child" as an unmarried dependent child of the member who has not passed the child's nineteenth birthday and each unmarried dependent child who is totally and permanently disabled, either physically or mentally, regardless of the child's age, if the disability occurred before age 19. It includes a stepchild or a foster child who depends on the member for support and lives in the household of the member in a regular parent-child relationship. It also includes any child of the member conceived during the member's lifetime and born after the member's death.

Child's Social Security Number	Name of Child	Date of Birth	Birth Certificate Attached?
			<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

Attach separate sheet, if necessary

Authorization for Direct Deposit of Benefit Payments

I authorize the South Dakota Retirement System to credit benefit payments directly into 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: Checking Savings

ATTACH VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION HERE

Applicant/Conservator/Custodian's Signature (Must be witnessed by SDRS staff or notarized.)

Under the South Dakota Uniform Transfers to Minors Act, SDRS cannot make payments directly to minor children. Instead, payment must be made to a conservator or a custodian on behalf of the child.

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.

Signature

Date

Notary Public or SDRS Staff

Notary Public	STATE OF _____ COUNTY OF _____	Affix Seal
	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	Comm. Expiration

SDRS Staff	SDRS Staff Signature	Date
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