



B-6: Authorization for Direct Deposit of Benefit Payments

South Dakota Retirement System

PO Box 1098, Pierre, SD 57501

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

Benefit Recipient Information (Please print or type all items)

Recipient's 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.				

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.						
	<table border="0"> <tr> <td>Notary's Official Signature</td> <td>Commission Exp.</td> <td>Affix Seal</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>	Notary's Official Signature	Commission Exp.	Affix Seal	_____	_____	_____
Notary's Official Signature	Commission Exp.	Affix Seal					
_____	_____	_____					
SDRS Staff	<table border="0"> <tr> <td>SDRS Staff Signature</td> <td>Date</td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	SDRS Staff Signature	Date	_____	_____		
SDRS Staff Signature	Date						
_____	_____						

INDICATE ACCOUNT TYPE: Checking Savings

ATTACH VOIDED CHECK OR SAVINGS ACCOUNT INFORMATION HERE