



Deceased was a member of:  TRS  ERS  JRF

**Member and Beneficiary Information**

*To be completed by Beneficiary*

Name of Deceased Member \_\_\_\_\_  
First Middle/Maiden Last

Deceased SSN \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Death \_\_\_\_\_ Employing Agency \_\_\_\_\_

Name of Beneficiary \_\_\_\_\_  
First Middle/Maiden Last

Beneficiary Date of Birth \_\_\_\_\_ Relationship to Deceased \_\_\_\_\_

Beneficiary SSN \_\_\_\_\_ Beneficiary Telephone \_\_\_\_\_

Address \_\_\_\_\_  
Street or P.O. Box City State ZIP Code

*Certified Original Death Certificate **Must** Be Attached to this Form.*

**Signature Certification**

I, the undersigned, do hereby make application for the survivor benefit payable upon the death of the above named deceased member in accordance with the provisions of governing retirement laws.

**Sign Here →**

**Signature of Beneficiary** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please have your signature acknowledged before a Notary Public.**

*Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, punishable by a fine up to \$500 and/or imprisonment not to exceed one year.*

State of \_\_\_\_\_, County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public, hereby certify that the above named individual whose name is signed to the foregoing document, personally appeared before me and acknowledged under oath that the statements made are true. Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Seal

Signature of Notary Public \_\_\_\_\_

My Commission Expires \_\_\_\_\_

**Employer Certification**

*To be completed by the employing agency*

Employing Agency \_\_\_\_\_

Last retirement contribution was included in the \_\_\_\_\_ report.  
(Month or if state employee, last payroll check issue date)

Last day for which employee is paid \_\_\_\_\_  
(Month, Day, Year)

I hereby certify that the deceased  had  had not terminated employment prior to death. **(Required)**

**Sign Here →**

*Employer*

**Signature of Payroll Official** \_\_\_\_\_ **Date Submitted** \_\_\_\_\_

Title \_\_\_\_\_

*Include the deceased member's SSN on any correspondence.*

*Upon receipt of this application, additional form(s) and information will be mailed to you.*

*After this form has been completed, any address change must be submitted to RSA in writing and signed by the beneficiary.*