

APPLICATION FOR SURVIVOR BENEFIT

Retirement Systems of Alabama
P. O. Box 302150 ♦ Montgomery, AL 36130-2150
334-517-7000 or 877-517-0020
www.rsa-al.gov

Certified original death certificate **must** be attached to this form.

See reverse side for instructions

PART I MEMBER AND BENEFICIARY INFORMATION

Certified Original Death Certificate Must Be Attached to This Form.

Deceased was a member of: Employees' Retirement System Teachers' Retirement System

Name of Deceased Member: _____
First Middle Last

Deceased's Social Security No.: _____ - _____ - _____ Date of Birth: ____/____/____

Date of Death: ____/____/____ Employing Agency: _____

Name of Beneficiary: _____
First Middle Last

Beneficiary Date of Birth: _____ Relationship to Deceased: _____

Beneficiary Social Security No.: _____ - _____ - _____ Beneficiary Telephone No.: (____) _____

Beneficiary Address: _____
Street Address or P. O. Box City State Zip

PART II SIGNATURE AND NOTARIZATION

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.

Signature of Beneficiary _____ Date _____

STATE OF _____, COUNTY OF _____

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for payment, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the _____ day of _____, 20____.

Signature of Notary Public _____

(Seal)

My Commission Expires _____

PART III EMPLOYER CERTIFICATION

Name of 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)**

Signature of Payroll Official _____ Date _____

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

INSTRUCTIONS FOR PAYMENT REQUEST

- Type or print in black ink.
- The beneficiary must complete Part I and Part II.
- Part III should be completed by the employing agency. The benefit payment will **not** be mailed until the Retirement Systems of Alabama (RSA) receives the member's final deposit, a certified original death certificate, this form, and other required information.
- Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.
- After this form has been completed, any address change must be submitted to RSA in writing and be signed by the beneficiary. Include the deceased member's Social Security number on any correspondence.
- Upon receipt of this application, additional form(s) and information will be mailed to you detailing your distribution options and providing tax information on this benefit.
- Consult the TRS or ERS Member handbook for more information on Death Prior to Retirement.