



Please provide a copy of the following along with your application:

1. Driver's License and Social Security Card
2. Updated Electronic Deposit Form
3. Updated W-4P for federal withholding
4. Retiree's Death Certificate

APPLICATION FOR BENEFICIARY BENEFIT DUE TO DEATH OF A RETIREE

SECTION 1: BENEFICIARY INFORMATION (Application Must Be Completed in Full)

Name	Date of Birth	Social Security Number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Current Mailing Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Phone		
<input type="text"/>	<input type="text"/>		
Beneficiary Signature	Date		
<input type="text"/>	<input type="text"/>		

SECTION 2: RETIREE INFORMATION

Retiree Name	Date of Birth	Date of Death	Social Security Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 3: NOTARY

SWORN TO AND SUBSCRIBED BEFORE ME, Notary Public, in and for the state of _____, parish/county of, this _____ day of _____, 20_____.

Notary Public (Signature)	Notary ID # or Bar Roll #
<input type="text"/>	<input type="text"/>
Notary Public Name	Commission Expires
<input type="text"/>	<input type="text"/>