



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. Marriage License (IF APPLICABLE)
5. Member Death Certificate

APPLICATION FOR BENEFIT FOR SURVIVING SPOUSE/MINOR OF AN ACTIVE MEMBER

SECTION 1: SURVIVOR 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"/>		
Survivor Signature	Date	Relationship to Member	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

SECTION 2: MEMBER INFORMATION

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

SECTION 3: TO BE COMPLETED ONLY IF MEMBER WAS ACTIVE - NOT RETIRED

Selection of Benefit - Initial One Option Only

Initials

- A. _____ A. If the member was eligible to retire, select the **monthly** Option II survivor benefit due me pursuant to R.S. 11:1945.
- B. _____ B. In lieu of any benefits due me as a survivor, I elect the option to receive a refund of the member's accumulated contributions and expressly waive any right to a monthly benefit.

SECTION 4: 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"/>