

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"/>



AUTHORIZATION FOR DIRECT DEPOSIT

Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution

BENEFIT RECIPIENT'S INFORMATION

First Name:	Middle Initial:	Last Name:
Mailing Address:		
City:	State:	Zip Code:
Last 4 Digits of SSN:		Phone Number:
Email Address:		

ACCOUNT INFORMATION

Name of Financial Institution:		
Type of Account:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Must attach a VOIDED check or Direct Deposit Authorization Form from the Financial Institution		
Account Number:	Routing Number: (Must Be 9 Digits)	
Address of Financial Institution:		
City:	State:	Zip Code:
If Joint Account, Name of Joint Signer:		

I hereby authorize Parochial Employees' Retirement System (PERS) to deposit my net benefit payment to my account at the financial institution designated above and, if necessary, to initiate withdrawals to correct erroneous deposit entries to my account listed above. I understand that it is my responsibility to notify PERS should any changes occur to the above account specified. This authorization remains in effect until another signed Authorization for Direct Deposit is completed and received by PERS terminating or changing payment instructions. By signing below, I certify the following: 1) that the entire payment amount of my direct deposit is not ultimately deposited into a financial institution outside of the U.S.; 2) that I am entitled to the payment identified herein; and 3) that I understand the provisions and obligations contained herein.

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Signature of Benefit Recipient

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Date of Signature