Pre-Application for Survivor Retirement Benefits Form 9A SRVR – Revised 06/01/2018

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MISSISSIPPI

Please print or type in black ink. Mail or fax completed form to PERS. See bottom of form for contact information.

D	Deceaseu		completed by benefit applicant. ⊂	Allacin a copy of member	er s birth and de	ath certificates.
	First Name:		MI: Last Na	ame:		
	Social Securi	ity No.:	Birth Date mm/dd/ccyy	Dat	te of Death mm	/dd/ccyy:
	Marital Status	s at Death – Select one. Add date f	for last three. Single Married		Effective Da	te mm/dd/ccyy:
0	Retirement Plan – Select applicable plan.					
	Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)					
	Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement System (MRS) City:					
B	Family Infe	ormation – 📼 Attach copy of I	birth certificate for each survivor, marı	riage certificate for spouse,	and separate s	heet listing additional children.
	Spouse's Full Name		Social Security No.	Birth Date mm	n/dd/ccyy	Wedding Date mm/dd/ccyy
	Dependent Child's Full Name Up to age 19, or 23 if unmarried and a full-time student		Social Security No.	Birth Date mn		Relationship
4	Applicant Authorization – Attach copy of applicant's birth certificate. If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. First Name: MI: Last Name: Gender: □ M □					
	First Name: Social Security No.:					
	Mailing Addr	0001	City		Stata	
	Phone:	С	City:City:City:	ne:		_ Cellular D Home D Wor
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