

## **Successor Information**

Form SI - Revised 07/22/2016

Please print or type in black ink. Completed form and accompanying Notary Public Acknowledgement should be mailed or presented to PERS along with any necessary additional Successor Information forms attached. See bottom of form for contact information.

Social So	ne:	MI: Las	st Name:		Gender:   M  F
Suciai Se	curity No.:	Birth Date mm/dd/ccyy: _		E-Mail:	
Mailing A	ddress:	City:		State:	Zip:
Phone: _		□ Cellular □ Home □ Work	Phone:		☐ Cellular ☐ Home ☐ Work
Relations	hip to Deceased Benefit Recipien	t to be listed below in Section 2:			
Deceas	ed Benefit Recipient Infor	mation – 🗀 Attach a copy of the	deceased's death ce	ertificate.	☐ Retiree ☐ Beneficiary
First Nam	ne:	MI: Las	st Name:		
Social Se	curity No.:	Birth Date mm/dd/ccyy	:	Death Date mm/dd/c	суу:
		ents due to a deceased benefit recipion uired information for each successor			
Highest I	Level of Living Successor(s) -	Check only one.			
Spo	useIf spouse exists, list	spouse only below. Do not list addition	onal successors.		
Pare	natural and adopted ings	, grandchildren of the deceased bene children (i.e., great-grandchildren of the opted children exist, list natural and , nieces and nephews of the decease opted siblings, nieces, or nephews	ne deceased benefit adopted siblings be d benefit recipient). exist, list parents b	t recipient). Do not list addit elow. If any sibling is deceas Do not list additional succe pelow. Do not list additional	ional successors. sed, list his or her natural and essors. successors.
Esta	ateIf no parents exist,	list estate representative below. Estat	te Tax ID No.:		
•	First Name:	MI:	Last Name:_		Gender: 🗆 M 🗆 F
	Relationship to Deceased Bener	fit Recipient:			
	Phone:	□ Cellular □ Home □ W	/ork E-Mail:		
	Mailing Address:	City:_		State:	Zip:
	Requested for Family Successo	rs only: Social Security No.:		Birth Date mm/dd/ccyy	
•	First Name:	MI:	Last Name:		Gender: 🗆 M 🗆 F
	Relationship to Deceased Bene	fit Recipient:			
	Phone:	□ Cellular □ Home □ W	/ork E-Mail:		
	Mailing Address:	City:_		State:	Zip:
	Requested for Family Successor	rs only: Social Security No.:		Birth Date mm/dd/ccyy	:
•	First Name:	MI:	Last Name:_		Gender:   M   F
	Relationship to Deceased Benef	fit Recipient:			
	Phone:	□ Cellular □ Home □ V	/ork E-Mail:		
	Mailing Address:	City:_		State:	Zip:
	Requested for Family Successo	ors only: Social Security No.:		Birth Date mm/dd/ccyy	:
		and that once DEDS distributes have	fit navment to succe	essors listed on this form, no	o other claims against the
PERS acc payment i to be falsi understar	is made must look to those who re ified any record of a retirement planding, I certify that the above infor	and that, once PERS distributes benefit deceased benefit recipient may be eceived payment. Furthermore, I under an administered by PERS in an attem mation is true and correct.  If an ip papers, or other legal documents a	made against PERS erstand that any per pt to defraud the pla authorized represer	S and that any members of son who makes a false stat an may be subject to crimina tative signs this form, attac	the class coming forward after ement or shall falsify or permit al prosecution. With that



## Notary Public Acknowledgement Revised 01/15/2020

Please print or type in black ink. Complete this form and sign the corresponding form checked in Section 1 in the presence of the **notary.** Once notarized and signed, attach corresponding form and submit both forms to PERS.

First Name:	MI: Last Name:	Gender: □ M □	
Social Security No.:	Birth Date mm/dd/ccyy: E-M	lail:	
Mailing Address:	City:	State: Zip:	
Phone:	Cellular □ Home □ Work Phone:	□ Cellular □ Home □ Wo	
Select the form that accompanies this No	tary Public Acknowledgement.		
☐ PERS Form 5, Member Refund Applic	cation (Required for inactive members only)	☐ PERS Form 5A, Member Waiver of Monthly Benefit	
☐ PERS Form 5B, Spousal Waiver of Mo	nthly Benefits (Requires member and spouse signatures	*) PERS Form BW, Beneficiary Waiver	
☐ PERS Form 21, Direct Deposit Author	ization	☐ PERS Form 22, Waiver of Benefits	
☐ Representative Payee Request		☐ Successor Information	
l/we made by signing said form. Applicant's Signature:		Date <i>mm/dd/ccyy</i> :	
* Applicant's Signature, if required:		Date mm/dd/ccyy:	
Notary Acknowledgement			
State of	_	Affix Notary Seal Below	
County of			
Personally appeared before me, the un	dersigned authority in and for the said county and state	, on this	
day of	, 20, within my jurisdiction, the withi	n named	
	, who acknowled	dged that	
he/she/they executed the above and forg	oing instrument and the attached corresponding form.		
Notary Public	My Commission Expires		