Family Information

Form DSBL 6 – Revised 12/1/2013

Please print or type in black ink. Complete, number, and attach as many forms as needed to Form DSBL 1 and mail or fax completed forms to PERS. See bottom of form for contact information.

❶ Applicant Information – *To be completed by the member or an authorized representative of the member.*

First Name: _____ MI: _____ Last Name: _____

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____

❷ Spouse Information

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

❸ Dependent Children – *For each dependent child listed, attach copy of birth certificate and, for non-biological dependent children, custody papers or other legal documents.*

1. First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Dependent Related by: ☐ Birth ☐ Marriage ☐ Adoption ☐ Legal Guardianship ☐ Legal Custody

2. First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Dependent Related by: ☐ Birth ☐ Marriage ☐ Adoption ☐ Legal Guardianship ☐ Legal Custody

3. First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Dependent Related by: ☐ Birth ☐ Marriage ☐ Adoption ☐ Legal Guardianship ☐ Legal Custody

4. First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

Dependent Related by: ☐ Birth ☐ Marriage ☐ Adoption ☐ Legal Guardianship ☐ Legal Custody

❹ Applicant Authorization – I understand that any person who makes a false statement or shall falsify or permit to be falsified any record of a retirement plan administered by PERS in an attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. *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.*

Applicant Signature: _____ Date *mm/dd/ccyy:* _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.1024, *fax* www.pers.ms.gov

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