



# Survivor Retirement Application

Form 14 – Revised 6/11/2013

The surviving spouse and each eligible dependent child should complete a separate Form 14, Survivor Retirement Application. Please print or type in black ink. Mail or fax completed form to PERS. See bottom of form for contact information.

**1 Survivor Information** – Attach a copy of birth and, if applicable, marriage certificate. **Relationship to Deceased:** ☐ Spouse ☐ Dependent Child

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

**2 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: \_\_\_\_\_

**3 Deceased Member Information** – Attach copy of member's birth and death certificates if not on file with PERS.

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Social Security No.: \_\_\_\_\_ Birth Date mm/dd/ccyy: \_\_\_\_\_ Death Date mm/dd/ccyy: \_\_\_\_\_

**4 Federal Tax Withholding Preferences** – Select one below:

- ☐ I wish to have PERS determine the amount, if any, of federal tax to be withheld from my monthly benefit payment in accordance with the applicable tax tables using the marital status and exemptions indicated below.
- ☐ Married ☐ Single Total No. of Exemptions Claimed: \_\_\_\_\_ Withhold an additional \$ \_\_\_\_\_ from each monthly benefit payment.
- ☐ Rather than PERS determine the amount, I wish to have \$ \_\_\_\_\_ withheld from each monthly benefit payment.
- ☐ I do not wish to have federal withholding tax deducted from my monthly benefit payment. I understand that I am responsible for payment of federal income tax on the taxable portion of my survivor benefit.

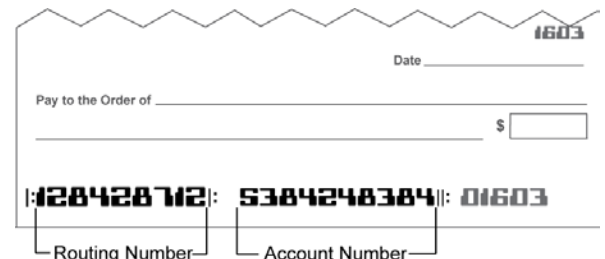
**5 Optional Monthly Cost-of-Living Adjustment (COLA) Election** – The COLA will be paid in an annual lump sum each December, unless an election for receiving the COLA monthly is made below by checking the box. To receive the COLA in an annual lump sum payment, skip to next section.

- ☐ I irrevocably elect to receive my COLA in 12 equal monthly installments beginning in July of each year after I have received benefits for one full state fiscal year. By making this election, I understand that I will only receive my COLA on a monthly basis and not in an annual lump sum payment. I further understand that, once the monthly payment method begins, the lump sum payment method will no longer be available to me.

**6 Bank Account Information** – Attach a voided check to activate direct deposit to a checking account.

Direct deposit benefits are credited to bank accounts on the first banking day of the month that is not a weekend or federal holiday. **Allow one to two months after submitting this form for direct deposit to take effect.** Benefit payments will be issued via check by mail until direct deposit begins.

Bank Name: \_\_\_\_\_ Account Type: ☐ Checking ☐ Savings  
Account Owner's Full Name: \_\_\_\_\_  
Account Owner's Social Security No.: \_\_\_\_\_  
See sample check at right to find the following numbers:  
Routing Number 9 digits: \_\_\_\_\_  
Account Number up to 17 characters: \_\_\_\_\_



**7 Applicant Authorization** – 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's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_