



Spousal Waiver of Monthly Benefits

Form 5B – 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. See bottom of form for contact information.

1 Member Information – This section should be completed by the member. If the member is deceased, the member's spouse should complete sections 1, 2, and 4, only.

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

Social Security No.: _____ E-Mail: _____

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

Name of Agency Last Employed: _____ Date of Termination mm/dd/ccyy: _____

Deceased: Yes No If yes, please list Date of Death mm/dd/ccyy: _____

Marital Status at Death – Select one. List date for last three. Single Married Divorced Widowed Effective Date mm/dd/ccyy: _____

2 Retirement Plan – Select applicable plan.

Public Employees' Retirement System of Mississippi (PERS) Supplemental Legislative Retirement Plan (SLRP)

3 Member Certification

I acknowledge that I have no dependent children and that my spouse, listed below, is waiving his or her right to the benefits due him or her according to the statutory provisions that govern the retirement system in which I am a member.

Member's Signature Sign in presence of notary: _____ Date mm/dd/ccyy: _____

4 Spousal Certification

I hereby certify that I understand I may be entitled to certain benefits at the death of my spouse listed above. I further understand that I am not required to sign this waiver of monthly benefits, but, in so doing, I waive the right to any and all monthly benefits as provided by statute in the event of the death of my spouse. If my spouse has any dependent children at the time of his or her death, I acknowledge that this waiver will be null and void and that any survivor benefits will be paid to the spouse and dependent children as provided by statute.

Name: _____ Social Security No.: _____

Spouse's Signature Sign in presence of notary: _____ Date mm/dd/ccyy: _____



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.

1 Member/Retiree Information and Certification - Complete this section in the presence of the notary.

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

Select the form that accompanies this *Notary Public Acknowledgement*.

PERS Form 5, *Member Refund Application (Required for inactive members only)* PERS Form 5A, *Member Waiver of Monthly Benefits*

PERS Form 5B, *Spousal Waiver of Monthly Benefits (Requires member and spouse signatures*)* PERS Form BW, *Beneficiary Waiver*

PERS Form 21, *Direct Deposit Authorization* PERS Form 22, *Waiver of Benefits*

Representative Payee Request *Successor Information*

I/We hereby certify that the above information is complete and accurate and that the form selected above and attached hereto has been completed by me/us, the undersigned, with full knowledge and understanding of the purpose, intent, and outcome of any waivers, certifications, representations, and agreements I/we made by signing said form.

Applicant's Signature: _____ Date mm/dd/ccyy: _____

* Applicant's Signature, if required: _____ Date mm/dd/ccyy: _____

2 Notary Acknowledgement

State of _____

Affix Notary Seal Below

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this

_____ day of _____, 20_____, within my jurisdiction, the within named

_____, who acknowledged that

he/she/they executed the above and forgoing instrument and the attached corresponding form.

Notary Public

My Commission Expires