

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

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

Social Security No:						
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:						
□ Public Employees' Retirement System of Mississippi (PERS) □ Supplemental Legislative Retirement Plan (SLRP) □ Municipal Retirement System (MRS) City: □ Family Information - □ Attach copy of birth certificate for each survivor, marriage certificate for spouse, and separate sheet listing additional child Spouse's Full Name Social Security No. Birth Date mm/dd/coyy Wedding Date mm/dd Social Security No. Birth Date mm/dd/coyy Relationship Dependent Child's Full Name Up to age 19, or 23 if ummarried and a full-time student Social Security No. Birth Date mm/dd/coyy Relationship Dependent Child's Full Name Up to age 19, or 23 if ummarried and a full-time student Mil: Last Name: □ Gender: □ Social Security No. Birth Date mm/dd/coyy Social Security No: □ Birth Date mm/dd/coyy Individual Social Security No: □ Social Security No:	√larital Status at	t Death – Select one. Add date for	or last three. □ Single □ Married □ □	0ivorced □ Widowed	I Effective Dat	e mm/dd/ccyy:
Supplemental Legislative Retirement Plan (SLRP) Municipal Retirement System (MRS) City:	Retirement F	Plan – Select applicable plan.				
Family Information — Attach copy of birth certificate for each survivor, marriage certificate for spouse, and separate sheet listing additional child Spouse's Full Name Social Security No. Birth Date mm/dd/ccyy Wedding Date mm/dd Dependent Child's Full Name Up to age 19, or 23 if unmarried and a full-time student Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. First Name:	☐ Public Emplo	yees' Retirement System of Miss	sissippi (PERS)	hway Safety Patrol Re	etirement Systen	n (MHSPRS)
Social Security No. Birth Date mm/dd/ccyy Relationship Dependent Child's Full Name Up to age 19, or 23 if unmarried and a full-time student Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form, attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. First Name:	☐ Supplementa	ıl Legislative Retirement Plan (SL	_RP) ☐ Municipal Retir	ement System (MRS)	City:	
Spouse's Full Name Social Security No. Birth Date mm/dd/ccyy Relationship Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Applicant Signature: Mit: Last Name: Gender: Chty: State: Zip: Phone: Cellular Home Work Phone: Date mm/dd/ccyy. Employer Certification of Member Information — To be completed by an authorized representative of the employer. Applicant Signature: Status (check all that apply) — Delected Official Fee Paid Official Public Safety En Official Hire Date mm/dd/ccyy: Intereby certify that an accident or traumatic event occurred in the performance of duty. Persisted Unreported Gross Earnings/Leave Payment/Accumulated Leave — Project all unreported wages from the month this application is comptrough the month the last Wage and Contribution Report will be submitted for this employee. For a deceased member who was an elected official, or Elected Official Leave by © articular plants and dates of elected Service and dices held. Projected Unreported Gross Earnings Applicant Signature: Leave Payment Not including compensatory leave payments Horizotal Unreported Gross Earnings Lave Payment Not including compensatory leave payments Horizotal Carrier Hours Days Lump sum leave payment rate of pay: \$ Lump sum leave payment rate of pay: \$ Lump sum leave payment rate of pay: Leave accurual rate annually at termin Days Leave accurual rate annually at termin Days Leave accurual rate annually at termin Days Leave	Family Infor	mation – 🗀 Attach copy of h	nirth certificate for each sunvivor marriage	certificate for snouse	and senarate sh	eet listing additional childre
Dependent Child's Full Name Up to age 19, or 23 if unmarried and a full-time student Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. — attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. First Name:						
Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. Attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form. attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. Applicant Signature:						
Applicant Authorization — Attach copy of applicant's birth certificate. If an authorized representative signs this form, attach a copy of durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form. M: Last Name: Gender:	•	'3 if unmarried and a full-time studen	t		• •	•
Last Name:	Applicant A					
Birth Date mm/dd/ccyy:						
Mailing Address:	First Name:		MI: Last Name:			Gender: □ M
Phone: Cellular	-		• •			
Applicant Signature:	Mailing Address):	City:		State:	Zip:
Employer Certification of Member Information – To be completed by an authorized representative of the employer.	Phone:		Cellular □ Home □ Work Phone:			_ □ Cellular □ Home □
Difficial Hire Date mm/dd/ccyy:	Applicant Signat	ture:		D	Date <i>mm/dd/ccyy</i>	r:
Projected Unreported Gross Earnings/Leave Payment/Accumulated Leave — Project all unreported wages from the month this application is compensation through the month the last Wage and Contribution Report will be submitted for this employee. For a deceased member who was an elected official, credited Official Leave by attaching a listing of all dates of elected service and offices held. Projected Unreported Gross Earnings Not including leave payment. MMI/CCYY Earnings to be Reported Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours: \$ \$ Hours Days Leave accrual rate annually at termin Hours Days 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 PER attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. Employer Name: Employer No.:	Employer Ce	ertification of Member Info	ormation – To be completed by an au	thorized representativ	e of the employe	er. □ Original □ Re
Projected Unreported Gross Earnings/Leave Payment/Accumulated Leave — Project all unreported wages from the month this application is competitively formulated the month the last Wage and Contribution Report will be submitted for this employee. For a deceased member who was an elected official, creditively attaching a listing of all dates of elected service and offices held. Projected Unreported Gross Earnings Not including leave payment. MMI/CCYY Earnings to be Reported Projected Gross Unreported Leave Payment, if applicable and for not more than 30 days/240 hours: \$	Employer Ce	ertification of Member Info	ormation – To be completed by an au	thorized representativ	re of the employe	er. □ Original □ Reficial □ Public Safety Emp
Not including leave payment. Not including compensatory leave payments Uncompensated Leave	Employer Ce Position Held/Jo Official Hire Da	ertification of Member Info ob Title: ate mm/dd/ccyy:	ormation – To be completed by an aud Status (check all that app Official Termina	thorized representatively) – Elected Official stion Date mm/dd/ccy	e of the employe □ Fee Paid Off	er. □ Original □ Reficial □ Public Safety Emp
applicable and for not more than 30 days/240 hours: \$ \$ \$ Hours Days Lump sum leave payment rate of pay: \$ per Hour or Day Leave accrual rate annually at termin Hours Days 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 PER attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. Employer Name: Employer No.:	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre	ertification of Member Info ob Title:ate mm/dd/ccyy: hat an accident or traumatic event eported Gross Earnings/Leave onth the last Wage and Contribution	Status (check all that appoint of the completed by an automorphism of the control	thorized representativoly) – Elected Official ation Date mm/dd/ccy Yes No If yes at all unreported wage byee. For a deceased	e of the employed Fee Paid Off //: es, attach copy of s from the month	er.
Lump sum leave payment rate of pay: \$ per	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the more Elected Official of Projected Unre	ertification of Member Info bb Title:	Status (check all that app. Status (check all that app. Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project on Report will be submitted for this emplo of all dates of elected service and office Leave Payment	thorized representatively) – Elected Official ation Date mm/dd/ccy Yes No If yet all unreported wage byee. For a deceased is held.	re of the employed Fee Paid Off Y: es, attach copy of s from the month member who wa	er. □ Original □ Reficial □ Public Safety Emp f Workers' Compensation For this application is completed as an elected official, creates an elected Unused,
\$ per Hour or Day Leave accrual rate annually at termin Hours Days 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 PER attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. Employer Name: Employer No.:	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the more Elected Official of Projected Unre Not including lea	ertification of Member Info ob Title:	Status (check all that app Status (check all that app Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project on Report will be submitted for this employ of all dates of elected service and office Leave Payment Not including compensatory leave Projected Gross Unreported Leave applicable and for not more than 36	thorized representatively) – Elected Official ation Date mm/dd/ccy Yes No If yet all unreported wage byee. For a deceased sheld. Payments Payment, if Odays/240 hours:	Fee Paid Off Fee Paid Off Fes, attach copy of ses, attach copy of member who was compensated. Lawfully Accompensated Uncompensated. Unused, uncompany medical	er.
Hours □ Days 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 PER attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. Employer Name: =	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the more Elected Official of Projected Unre Not including lease MM/CCYY	ertification of Member Info bb Title: ate mm/dd/ccyy: that an accident or traumatic event exported Gross Earnings/Leave that the last Wage and Contribution Leave by attaching a listing exported Gross Earnings ave payment. Earnings to be Reported	Status (check all that app Status (check all that app Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project on Report will be submitted for this employ of all dates of elected service and office Leave Payment Not including compensatory leave Projected Gross Unreported Leave applicable and for not more than 30 \$	thorized representatively) – Elected Official ation Date mm/dd/ccy Yes No If ye at all unreported wage byee. For a deceased is held. Payments Payments Payment, if Odays/240 hours:	Fee Paid Off Fee Paid Off Fes, attach copy of ses, attach copy of member who was compensated. Lawfully Accompensated Uncompensated. Unused, uncompany medical	er.
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 PER attempt to defraud the plan may be subject to criminal prosecution. With that understanding, I certify that the above information is true and correct. Employer Name: Employer No.:	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the more Elected Official of Projected Unre Not including lea	ertification of Member Info bb Title: ate mm/dd/ccyy: that an accident or traumatic event exported Gross Earnings/Leave inth the last Wage and Contributic Leave by attaching a listing exported Gross Earnings ave payment. Earnings to be Reported	Status (check all that app Status (check all that app Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project of all dates of elected service and office Leave Payment Not including compensatory leave Projected Gross Unreported Leave applicable and for not more than 30 \$ Lump sum leave payment rate of p	thorized representatively) – Elected Official ation Date mm/dd/ccy Yes No If yes that all unreported wage byee. For a deceased is held. Payments Payment, if O days/240 hours:	re of the employed Fee Paid Off Ay: As, attach copy of Somether month member who we Lawfully Acc Uncompensa Unused, uncompand major medica	er.
	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the more Elected Official A Projected Unre Not including lea MM/CCYY	ertification of Member Info bb Title:	Status (check all that app Status (check all that app Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project on Report will be submitted for this emplor of all dates of elected service and office Leave Payment Not including compensatory leave Projected Gross Unreported Leave applicable and for not more than 30 \$ Lump sum leave payment rate of p	thorized representatively) – Elected Official ation Date mm/dd/ccy Yes No If yes that all unreported wage byee. For a deceased is held. Payments Payment, if O days/240 hours:	re of the employed Fee Paid Off Pres, attach copy of sees, attach copy of sees attach	er.
Employer Representative's Name: Employer Representative's Title:	Employer Ce Position Held/Jo Official Hire Da hereby certify the Projected Unre through the mor Elected Official A Projected Unre Not including lea MM/CCYY \$ understand tha	ertification of Member Info bb Title: ate mm/dd/ccyy: hat an accident or traumatic event exported Gross Earnings/Leave inth the last Wage and Contributic Leave by attaching a listing exported Gross Earnings ave payment. Earnings to be Reported	Status (check all that appropriate of the cocurred in the performance of duty. Payment/Accumulated Leave – Project of all dates of elected service and office of all dates of elected service and office of the complete of the complete of the complete of the complete of all dates of elected service and office of all dates of elected service and office of the complete of the comple	thorized representatively) – □ Elected Official ation Date mm/dd/ccy Yes □ No □ If year all unreported wage byee. For a deceased is held. payments Payment, if O days/240 hours: □ Hour or □ Day falsified any record o	Fee of the employed Fee Paid Off Pres, attach copy of sees, attach copy of sees attac	er.
1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Employer Ce Position Held/Jo Official Hire Da hereby certify th Projected Unre through the mor Elected Official of Projected Unre Not including lea MM/CCYY \$ understand tha attempt to defra	ertification of Member Info bb Title:	Status (check all that app. Status (check all that app. Official Termina t occurred in the performance of duty. Payment/Accumulated Leave – Project on Report will be submitted for this employ of all dates of elected service and office Leave Payment Not including compensatory leave Projected Gross Unreported Leave applicable and for not more than 30 \$ Lump sum leave payment rate of p. \$ Lump sum leave payment rate of p. Statement or shall falsify or permit to be iminal prosecution. With that understand	thorized representatively) - Elected Official ation Date mm/dd/ccy Yes No If ye at all unreported wage by e. For a deceased sheld. Payments Payment, if Odays/240 hours: Hour or Day falsified any record or ing, I certify that the a	Fee of the employed Fee Paid Off Fee Paid Off Fes, attach copy of sees, attach copy of sees attach copy	er.