PERS of MISSISSIPPI

Representative Payee Request

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.

❶ Benefit Recipient Information

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

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

Residential Address: _____ City: _____ State: _____ Zip: _____

Is the address above an institution, care facility, or nursing home?..... ☐ Yes Name: _____ ☐ No

Mailing Address (if different from residential): _____ City: _____ State: _____ Zip: _____

If the benefit recipient does not live in an institution, care facility, or nursing home, does he or she live alone?..... ☐ Yes ☐ No

Name of Any Person Living with Benefit Recipient	**Relationship to Benefit Recipient**

Name of Retirement Plan Account Holder *List only if account holder is different from the benefit recipient.* **Social Security No.**

_____ _____

Is the benefit recipient incapacitated? ..... ☐ Yes *Attach a statement of incapacity from treating physician.* ☐ No

Is the benefit recipient a minor child? ..... ☐ Yes ☐ No

Are you his or her parent? ..... ☐ Yes ☐ No *List any living natural or adoptive parent below.*

Parent's Name: _____ Phone: _____ ☐ Cellular ☐ Home ☐ Work

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

Whether/How Parent Shows Interest in Child: _____

Are there any relatives or close friends who have provided support to or shown active interest in the benefit recipient? ..... ☐ Yes *List below.* ☐ No

Name	**Address**	**Phone**	**Relationship**	**Type of Support/Interest**

Might the benefit recipient's living arrangements change in the next year? ..... ☐ Yes *Explain how and when below.* ☐ No

_____

Does the benefit recipient have any other government-designated representative payee? .... ☐ Yes *Attach a copy of the most recent designation.* ☐ No

Does the benefit recipient have court-appointed legal representation? ..... ☐ Yes *Attach a copy of the court order and provide information below.* ☐ No

Legal Representative Name: _____ Title: _____

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

Phone: _____ ☐ Cellular ☐ Home ☐ Work Date of Appointment *mm/dd/ccyy:* _____

Circumstances of appointment:

❷ Retirement Plan – Plans are governmental defined benefit plans qualified under Section 401(a) of the Internal Revenue Code. *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: _____

❸ Applicant Information

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

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

Other names you may have used: _____ Other Social Security No.'s you may have used: _____

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

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

Main Source(s) of Income: *Check all that apply.*

☐ Employed..... Employer's Name and Address: _____ Length of Employment: _____

☐ Self-employed.... Business Name and Address: _____

☐ Social Security Benefits..... Claim Number: _____

☐ Pension..... Describe: _____

☐ Supplemental Social Security Income payments..... Claim Number: _____

☐ AFDC/TANF..... County: _____ State: _____

☐ Other Public Assistance: _____

☐ Other: _____

❹ Applicant Suitability Questionnaire

1. What best describes your relationship to the benefit recipient? _____
2. How long have you known the benefit recipient? _____
3. Explain why you think the benefit recipient is unable to handle his or her benefit payments.

   _____
4. Explain why you would be the best representative payee for this benefit recipient.

   _____
5. If appointed, how often would you see the benefit recipient?..... ☐ Daily ☐ Weekly ☐ Other: _____
6. Does the benefit recipient owe you or your organization money, or will he or she owe you or your organization money in the future? ..... ☐ Yes ☐ No

   Debt Amount: $_____ Date Debt Was/Will Be Incurred *mm/dd/ccyy*: _____

   Nature of Debt: _____
7. Are you serving or have you ever served as a representative payee for anyone receiving governmental benefits?..... ☐ Yes ☐ No

   Provide the following about any beneficiaries you serve or have served as a representative payee. Attach an additional sheet, if needed.

Beneficiary's Full Name	**Social Security No.**	**Entity from which Benefits Were Paid**	**Reason Service Ended** *if applicable*

8. Have you ever been convicted of any offense under federal or state law that resulted in imprisonment for more than one year?..... ☐ Yes ☐ No

   What was your crime? _____ Date of Conviction *mm/dd/ccyy*: _____

   What was your sentence? _____ Release Date (if imprisoned) *mm/dd/ccyy*: _____ Probation End Date *mm/dd/ccyy*: _____
9. Do you have any unsatisfied felony warrants or any warrants for crimes punishable by death or imprisonment exceeding one year?..... ☐ Yes ☐ No

   Date of Warrant *mm/dd/ccyy*: _____ State Where Warrant Issued: _____

❺ Applicant Agreement and Certification

I, hereby, request that I be named as representative payee for the benefit recipient listed in Section 1. If approved, I agree to use all respective payments for the benefit recipient's current needs or to save any currently unneeded benefits for future use. Furthermore, if approved, I agree to file any requested accounting reports on payment use and to notify the Public Employees' Retirement System of Mississippi (PERS) when the benefit recipient dies or when I no longer have responsibility for his or her care and welfare. I further understand that, if approved, I will have a personal fiduciary responsibility to correct any overpayments or misappropriated payments. Moreover, I understand that any person who makes a false statement, falsifies, or permits falsification of 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.

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

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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.*

❶ 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*: _____

❷ 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

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