



Successor Information

Form SI – 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 along with any necessary additional Successor Information forms attached. See bottom of form for contact information.

- 1 Applicant Information** – To be completed for or by any person claiming any portion of the benefits belonging to the deceased benefit recipient listed in Section 2. **Note:** Applicant will only be listed as a successor in Section 3 if he or she falls in the one checked Highest Level of Living Successor(s) category.

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

Relationship to Deceased Benefit Recipient to be listed below in Section 2: _____

- 2 Deceased Benefit Recipient Information** – Attach a copy of the deceased's death certificate. ☐ Retiree ☐ Beneficiary

First Name: _____ MI: _____ Last Name: _____

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

- 3 Successor Information** – Any payments due to a deceased benefit recipient's successors will be allocated per state law. Check only the single highest level of living successor(s) then list the required information for each successor in that level. Attach additional Successor Information forms as needed.

Highest Level of Living Successor(s) – Check only one.

☐ Spouse **If spouse exists**, list spouse only below. Do not list additional successors.

☐ Children **If no spouse exists**, list natural and adopted children below. If any of the children are deceased, list his or her natural and adopted children (i.e., grandchildren of the deceased benefit recipient). Similarly, if any of the grandchildren are deceased, list his or her natural and adopted children (i.e., great-grandchildren of the deceased benefit recipient). Do not list additional successors.

☐ Siblings **If no natural and adopted children exist**, list natural and adopted siblings below. If any sibling is deceased, list his or her natural and adopted children (i.e., nieces and nephews of the deceased benefit recipient). Do not list additional successors.

☐ Parents **If no natural and adopted siblings, nieces, or nephews exist**, list parents below. Do not list additional successors.

☐ Estate **If no parents exist**, list estate representative below. **Estate Tax ID No.:** _____

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

Relationship to Deceased Benefit Recipient: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work E-Mail: _____

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

Requested for Family Successors only: Social Security No.: _____ Birth Date mm/dd/ccyy: _____

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

Relationship to Deceased Benefit Recipient: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work E-Mail: _____

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

Requested for Family Successors only: Social Security No.: _____ Birth Date mm/dd/ccyy: _____

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

Relationship to Deceased Benefit Recipient: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work E-Mail: _____

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

Requested for Family Successors only: Social Security No.: _____ Birth Date mm/dd/ccyy: _____


- 4 Applicant Authorization** – I understand that, once PERS distributes benefit payment to successors listed on this form, no other claims against the PERS account belonging to the above-listed deceased benefit recipient may be made against PERS and that any members of the class coming forward after payment is made must look to those who received payment. Furthermore, 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 Sign in presence of notary: _____ Date mm/dd/ccyy: _____



Notary Public Acknowledgement

Revised 07/22/2016

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 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 5A, *Member Waiver of Monthly Benefits*

☐ PERS Form 22, *Waiver of Benefits*

☐ PERS Form 5B, *Spousal Waiver of Monthly Benefits * Requires both member and spouse signatures.*

☐ PERS Form BW, *Beneficiary Waiver*

☐ *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