



# Applying for SDRS Foundation Retirement Benefits

South Dakota Retirement System

PO Box 1098 Pierre, South Dakota 57501-1098

Phone (888) 605-SDRS (605) 773-3731 FAX (605) 773-3949

**APPLICATIONS MUST BE RECEIVED IN THE SDRS OFFICE AT LEAST ONE COMPLETE CALENDAR MONTH PRIOR TO RETIREMENT (SDCL 3-12-90)**

**SDRS Form B-2**

## Member Information (Please print or type all items.)

Social Security Number	Last Name	First	Middle Initial	Maiden
Telephone ( )	Street Address or PO Box	City	State	ZIP Code
Email Address				
<small>By providing your email address, you grant SDRS permission to include your email address on the SDRS email list to receive occasional SDRS mailings electronically. As all member information is confidential, SDRS will not share your email address with any third party. If at any time you no longer wish to receive emails from SDRS, you can unsubscribe by contacting SDRS.</small>				

## Job Information

Name of Employer	Date Employment Will End: Month/Day/Year	Last Pay Date: Month/Day/Year
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## Reemployment Information (\*Retirement benefits may not be paid unless your employment was unconditionally terminated.)

Please indicate which applies to you:

<input type="checkbox"/> Not returning to employment with same unit	<input type="checkbox"/> Will be returning to employment with same unit*
<input type="checkbox"/> Have already returned to employment with same unit*	<input type="checkbox"/> Unknown at this time

## Benefit Information (Please include a *photocopy* of birth certificate if you have not already done so.)

Date Benefits to Begin Month /Year	Date of Birth	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	If Divorced: Is there a Qualified Domestic Relations Order (QDRO)? <input type="checkbox"/> Yes <input type="checkbox"/> No
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## Spouse Information (Please include a *photocopies* of marriage certificate and spouse's birth certificate.)

Spouse's Social Security Number	Last Name	First	Middle Initial	Maiden
Birth Date of Spouse	Date of Marriage			

## Authorization for Direct Deposit of Benefit Payments (Attach a voided check or savings deposit slip.)

Yes, I authorize the South Dakota Retirement System to credit my benefit payments directly to my bank account as indicated on the attached voided check. I also authorize the financial institution named to initiate the credit/debit process for my account, in order to accept the credited funds from the South Dakota Retirement System. This authority will remain in effect until I notify SDRS in writing, in a timely manner, to cancel it.

Type of Account:  Checking  Savings

No, I do not wish to use direct deposit

## Member's Signature

I hereby certify that I will fully and completely end employment and unconditionally terminate and forfeit all employment rights as of the employment end date indicated on this application and that I have not been rehired as a permanent, full-time employee of an SDRS-covered employer, or if rehired, was rehired in an open, competitive process without any expressed or implied agreement to be rehired.

Signature \_\_\_\_\_ Date \_\_\_\_\_