



# Application for SDRS Early Surviving Spouse Benefit

South Dakota Retirement System

PO Box 1098 Pierre, South Dakota 57501-1098

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

**SDRS Form B-3a**

**APPLICATIONS MUST BE RECEIVED IN THE SDRS OFFICE 30 DAYS PRIOR TO BENEFIT COMMENCEMENT**

**Information About the Deceased Member (Please print or type all items)**

Member's Social Security Number	Last Name	First	Middle Initial	Maiden
Date of Death (Attach photocopy of death certificate)		Date of Birth of Deceased (Attach photocopy of birth certificate)		

**Applicant Information**

Social Security Number	Last Name	First	Middle Initial	Maiden
Street Address or PO Box		City	State	ZIP Code
Phone Number		Email Address		
Applicant's Date of Birth (Attach photocopy of birth certificate)		Date of Marriage (Attach photocopy of marriage certificate)		

**Benefit Information and Authorization for Direct Deposit of Benefit Payments (Attach a voided check)**

Date Benefits to Begin    Month    Year
Direct Deposit Authorization <input type="checkbox"/> 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 you in writing, in a timely manner, to cancel it.  Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings  <input type="checkbox"/> No, I do not wish to use direct deposit

**Applicant's Acknowledgement and Signature**

I hereby confirm that it is my intention to receive my South Dakota Retirement System surviving spouse benefit prior to attaining my age 65 as allowed under SDCL 3-12-95.6. I acknowledge that in electing to take my surviving spouse benefit prior to age 65, my benefit will be permanently reduced. I further acknowledge that this election is irrevocable once the benefit commences.

Signature	Date
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