

Survivor Application

1. Complete all sections of this form (type or print clearly).
2. Attach the required proof documents.
3. Mail completed form to MPERS.

Deceased Member's Information (attach copy of death certificate)

Member's Name: (Last, First, MI)	Social Security Number: XXX — XX —	Date of Death:
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Survivor Information

Survivor's Name: (Last, First, MI)	Social Security Number:	Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address: (City) (State) (Zip Code)			
Relationship to Deceased Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	E-mail Address: <input type="checkbox"/> Check box to receive MPERS correspondence by email.	Phone Number:	<input type="checkbox"/> Cell <input type="checkbox"/> Home

- An Affidavit of Natural Parent or Conservatorship must accompany the Survivor Application for each minor child (under the age of 18).
- Benefits for children stop at age 21 (unless the child is totally incapacitated).
- Guaranteed payment benefits stop at the end of guaranteed payment period.

Deceased Member's Child(ren) Under Age 21 (if active member death only)

List all the deceased member's natural and adopted child(ren) under age 21.

Child's Full Name	Date of Birth	Child's Full Name	Date of Birth

Proof Documentation

Attach the following applicable documentation:

Your Proof-of-Age/Lawful Presence Document (required) (Check type of document submitted from the following list.) <input type="checkbox"/> Valid Missouri Drivers License <input type="checkbox"/> Certificate of Citizenship <input type="checkbox"/> Certificate of Birth Abroad <input type="checkbox"/> US Birth Certificate (certified original)	<input type="checkbox"/> US Passport (valid or expired) <input type="checkbox"/> Certificate of Naturalization <input type="checkbox"/> Valid Lawful Permanent Resident Card	Marriage Certificate (if applicable) If applicant is the spouse of the deceased member, please submit a <u>copy</u> of your marriage certificate (if not previously submitted).	Death Certificate (required) Attach a <u>copy</u> of the death certificate with this form.
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Beneficiary Designation (for the Final Benefit Payment)

Upon my death, in the event that my benefit cannot be deposited into my authorized financial account, I hereby request MPERS to forward my final monthly survivor payment to the following designated beneficiary.

Beneficiary's Name: (Last, First, MI)	Social Security Number:	Relationship:	Date of Birth:
Mail Address: (City) (State) (Zip Code)	Preferred Phone Number: ()		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work

Signature of Survivor, Natural Parent, or Conservator

I am applying to receive survivor benefits from MPERS. I have attached the member's death certificate and understand this document will not be returned to me. If applicable, I hereby agree to act as a special consultant and to abide by the provision of the statutes, by being available to give opinions in writing or orally, in response to requests by the Board. For this availability, I hereby apply for any benefits to which I may be eligible, under the statutes. I also hereby certify that the above information is true and correct.

Signature of Survivor/Natural Parent/Conservator:	Date:
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If there is any difference between the information provided on this form and the law or policies which govern MPERS, the law and policies will prevail.