

## APPLICATION FOR SURVIVOR BENEFIT

Retirement Systems of Alabama  
P. O. Box 302150 ♦ Montgomery, AL 36130-2150  
334-517-7000 or 877-517-0020  
www.rsa-al.gov

Certified original death  
certificate **must** be  
attached to this form.

See reverse side for instructions

### PART I MEMBER AND BENEFICIARY INFORMATION

#### Certified Original Death Certificate Must Be Attached to This Form.

Deceased was a member of: ☐ Employees' Retirement System ☐ Teachers' Retirement System

Name of Deceased Member: \_\_\_\_\_  
First Middle Last

Deceased's Social Security No.: \_\_\_\_\_ - - Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of Death: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employing Agency: \_\_\_\_\_

Name of Beneficiary: \_\_\_\_\_  
First Middle Last

Beneficiary Date of Birth: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_

Beneficiary Social Security No.: \_\_\_\_\_ - - Beneficiary Telephone No.: (\_\_\_\_) \_\_\_\_\_

Beneficiary Address: \_\_\_\_\_  
Street Address or P. O. Box City State Zip

### PART II SIGNATURE AND NOTARIZATION

I, the undersigned, do hereby make application for the survivor benefit payable upon the death of the above named deceased member in accordance with the provisions of governing retirement laws.

Signature of Beneficiary \_\_\_\_\_ Date \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, a Notary Public in and for said County and State, on this date personally appeared the applicant for payment, known to me to be the person whose name is subscribed to the foregoing instrument, and declared to me upon oath that the foregoing instrument is true and correct.

Given under my hand and seal of office this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

(Seal)

My Commission Expires \_\_\_\_\_

### PART III EMPLOYER CERTIFICATION

Name of Employing Agency: \_\_\_\_\_

Last retirement contribution was included in the \_\_\_\_\_ report.  
(Month or if state employee, last payroll check issue date)

Last day for which employee is paid: \_\_\_\_\_  
Month Day Year

I hereby certify that the deceased ☐ had ☐ had not terminated employment prior to death. **(Required)**

Signature of Payroll Official \_\_\_\_\_ Date \_\_\_\_\_

Upon receipt of this application, additional form(s) and information will be mailed to you.

## INSTRUCTIONS FOR PAYMENT REQUEST

- Type or print in black ink.
- The beneficiary must complete Part I and Part II.
- Part III should be completed by the employing agency. The benefit payment will **not** be mailed until the Retirement Systems of Alabama (RSA) receives the member's final deposit, a certified original death certificate, this form, and other required information.
- Any person who makes a false statement or falsifies a record in an attempt to defraud the RSA shall be guilty of a misdemeanor, and upon conviction, be punished by a fine up to \$500.00 and/or imprisonment not to exceed one year.
- After this form has been completed, any address change must be submitted to RSA in writing and be signed by the beneficiary. Include the deceased member's Social Security number on any correspondence.
- Upon receipt of this application, additional form(s) and information will be mailed to you detailing your distribution options and providing tax information on this benefit.
- Consult the TRS or ERS Member handbook for more information on Death Prior to Retirement.