



# Lump Sum Death Benefit Application Non-Rollover-Eligible

FOR OFFICE USE ONLY

Toll-Free: 1-800-821-2251  
doa.alaska.gov/dr/b

Division of Retirement and Benefits  
PO Box 110203  
Juneau, Alaska 99811-0203

Juneau: 465-4460  
TDD: (907) 465-2805  
Fax: (907) 465-3086

Check One:  PERS  TRS  NGNMRS  EPORS  JRS

## SECTION I — PERSONAL DATA

BENEFICIARY NAME (Last, First)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MAILING ADDRESS (Street or P.O. Box, City, State, ZIP) for payment and 1099-R		TELEPHONE NUMBER ( )
DECEASED NAME	SOCIAL SECURITY NUMBER OF DECEASED	
DATE OF DEATH	RELATIONSHIP TO DECEASED	

## SECTION II — DEATH BENEFIT DISTRIBUTION

As a beneficiary of the deceased member above, you are entitled to a lump sum death benefit in the approximate amount of \$\_\_\_\_\_. Please read the following information regarding the details of this distribution and how it may affect your taxes. The State of Alaska does not give tax advice. Contact your tax advisor or the IRS for more information.

- The death benefit to which you are entitled is comprised solely of the deceased's last retirement benefit check. It will be reissued to you upon completion and return of this form to this office. The benefit is not eligible for rollover and may be taxable to you. Please review the lower portion of this form for withholding information.
- The death benefit to which you are entitled is comprised of the deceased's retirement contribution account of which \$\_\_\_\_\_ has already been taxed. Please review the lower portion of this form for withholding information.

## WITHHOLDING INFORMATION

**Federal Tax Withholding:** The federal tax law requires that you be given the opportunity to select withholding from any taxable benefits you receive. Tax information on this benefit will be furnished to the IRS and a 1099-R tax statement will be mailed to you at year-end. The withholding is 10% of the taxable portion of the distribution, unless you choose not to have tax withheld. You must submit a Form W-4P to elect to have no income tax withheld. You may also request an additional amount of withholding.

I understand that making false or fraudulent statements for the purpose of obtaining a death benefit is an offense punishable by law. I certify that the above statements are true and complete to the best of my personal knowledge.

BENEFICIARY'S SIGNATURE	DATE (Mo/Day/Yr)
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Signature witnessed by one of the following: Retirement and Benefits Representative or Postmaster (must include postmaster stamp)

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

## OR, SIGNATURE WITNESSED BY A NOTARY

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_ whose identity I proved on the basis of satisfactory evidence to be the signer of the beneficiary's signature above, and he/she acknowledged that he/she executed it.

NOTARY SEAL OR  
POSTMASTER  
STAMP  
REQUIRED

Notary Public \_\_\_\_\_

State of \_\_\_\_\_ and Borough/County of \_\_\_\_\_

Residing at \_\_\_\_\_ Commission Expires \_\_\_\_\_