



Lump Sum Death Benefit Application 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	DATE OF DEATH	SOCIAL SECURITY NUMBER OF DECEASED	

SECTION II — DEATH BENEFIT DISTRIBUTION

As the beneficiary, you are entitled to a lump sum survivor benefit in the approximate amount of \$_____ of which \$_____ has already been taxed. This benefit is comprised of the deceased member's retirement contribution account. 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.

Federal Tax Withholding: The federal tax law requires the Division of Retirement and Benefits to withhold, and send to the Internal Revenue Service, 20 percent of the taxable amount of any distribution we pay directly to you, even if you intend to do a "rollover" within the 60-day rollover period. If you want to include the 20 percent withheld in your rollover, you must supply it from another source. If the withholding exceeds the actual taxes due, a refund is obtained through your federal income tax return. You can avoid the withholding tax by requesting a "Direct Transfer" to an IRA. Only taxable money may be direct transferred or rolled over, and any taxable portion that is not direct transferred will be subject to withholding. No income tax will be withheld on the transferred amount and it will not be taxed until you later take it out of the IRA. If you select a direct transfer of less than 100 percent, the remaining amount must be sent directly to you at the address above and withholding rules apply.

CHECK THE APPROPRIATE BOX BELOW:

YES - I request a total distribution to me. I understand that taxes must be withheld at a rate of 20 percent on the taxable portion.

YES - I do request a direct Plan-to-Plan transfer of \$_____ or _____ percent of the taxable portion of my distribution.

Plan Name _____ Account # _____

Plan Address _____ City _____ State _____ Zip _____

Contact Person _____ Telephone Number _____

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 spouse'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 _____