



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION
 60 Empire Drive, Suite 200; St. Paul, MN 55103
 Telephone: (651) 296-7460, or 1-800-652-9026

STATEWIDE VOLUNTEER FIREFIGHTER RETIREMENT PLAN

APPLICATION FOR LUMP-SUM SURVIVOR BENEFIT

INSTRUCTIONS: Completion of this form is required before a survivor benefit can be paid. The Fire Chief is to complete Part A to verify your eligibility for a survivor benefit. You must complete Part B of the application and sign it in the presence of a notary public. Federal law requires that you reveal your Social Security number for tax purposes. While you are not legally required to give your birth date and address, failure to do so may delay your benefit.

The amount of the survivor benefit is the amount of the service pension that would have been payable to the firefighter on the date of death, had they been age 50 or older on that date.

PART A—FOR COMPLETION BY FIRE CHIEF

I certify that the applicant named below is eligible to receive a PERA benefit.

1. Firefighter's Name: _____		Date of Death: _____	
2. Firefighter's Service Entry Date: _____		3. If Applicable, number of Leave Of Absence months: _____ Months	
4. Total Number of Service Credits Earned as a Firefighter: _____ Years, _____ Months		5. PERA Unit No. (if known): _____	
6. Name of Fire Department: _____		7. Fire Chief's Signature: _____	

PART B—FOR COMPLETION BY APPLICANT

8. Decedent's Name (Last, First, Middle Initial): _____		9. Decedent's Social Security No. _____	
10. Applicant Last Name (Please Print) _____		11. Applicant First Name _____	12. Applicant MI _____
13. Applicant Mailing Address (Please Print) _____			
14. City _____		15. State _____	16. Zip Code _____
17. Applicant Social Security No: _____		18. Applicant Birthdate (Month, Day, Year): _____	

IMPORTANT TAX INFORMATION: Check the box that applies to **your type** of survivor benefit.

- Spouse Survivor Benefit Applicant**
 Federal income tax will be withheld at a rate of 20 percent from your benefit payment unless you elect to directly rollover a portion or the entire payment to an IRA. Check the applicable box below.
 - Send my benefit payment to me
 - Send my benefit payment as instructed in Part C (Direct Rollover Information)

- Non-spouse Survivor Benefit Applicant**
 Federal income tax will be withheld at a rate of 10 percent from your benefit payment unless you either elect to directly rollover a portion or the entire payment to an IRA and/or request not to have the tax withheld. Check the applicable box(es) below.
 - Send my benefit payment to me
 - I do not want any federal income tax withheld
 - Send my benefit payment as instructed in Part C (Direct Rollover Information)

PART B—FOR COMPLETION BY APPLICANT CONTINUED

19. THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BEFORE WE CAN ISSUE A CHECK.

Subscribed and sworn to before me this _____ day

of _____, Year _____

Signature of Applicant

Signature of Notary

Date

Notary Public of _____ County.

(_____) _____

My Commission expires : _____

Telephone Number (During 8 a.m.-4:30 p.m.)

(SEAL)

PART C—DIRECT ROLLOVER INFORMATION

This section is to be completed only if you choose to have a portion or your entire survivor benefit directly transferred from PERA to an individual retirement account (IRA) as permissible under section 408(a) of the federal Internal Revenue Code, as amended.

Please be advised that PERA cannot be held responsible for your choice of IRA.

Indicate below whether you choose to rollover a portion or your entire benefit payment to an IRA. If you choose to have a portion of your benefit payment sent to you and the balance rolled over, you must indicate the amount you want paid to you. Please note that federal income tax will be withheld at a rate of 20 percent (10 percent for non-spouse survivors if choosing to have taxes withheld) from the amount paid to you.

- Send my entire benefit payment to the IRA designation listed below.
- Send a portion of my benefit payment indicated below to me and rollover the remaining balance to the IRA designation listed below.

Please send \$ _____ to me.
(Whole Dollars Only)

TO BE COMPLETED BY THE IRA DESIGNATION

Check Payable to (Print)

Address (Print)

City

State

Zip Code

IRA Account Number for Deposit:

Please check this box if this account is a Roth IRA:

IRA Contact Person

Telephone No.

IMPORTANT FACTS ABOUT INFORMATION REQUESTED

The information on this application will be used to process your lump-sum survivor benefit pursuant to Minnesota Statutes. All information on this application, except you and your decedent's Social Security number, address, birth date, and tax information, is classified as PUBLIC data that can be given to anyone for any purpose. You and your decedent's Social Security number, address, birth date, and tax withholding data are classified as PRIVATE data and are available only to you, to the staff who must use it in the normal course of conducting PERA business, and to entities authorized by law. No private data of yours will be shared with an unauthorized person or agency without your informed written consent.

Federal law requires you to disclose your Social Security number to us for tax reporting purposes. Failure to furnish this data will delay the processing of your benefit payment and may result in inaccurate reporting of your taxable income. You are not legally required to supply other information on this application. However, if you withhold your address and/or birth date, you may not receive the benefit payment to which you are entitled.

Lump-sum spouse survivor benefits are subject to a federal income tax withholding rate of 20 percent. PERA will withhold federal income tax on the benefit payment paid to you. Federal income tax will not be withheld on the any amounts you elect to directly rollover to an IRA. Lump-sum non-spouse benefits are subject to federal income tax withholding of 10 percent and PERA will withhold federal income tax on the benefit payment paid to you, unless you choose not to have federal income tax withheld. Federal income tax will not be withheld on the any amounts you elect to directly rollover to an IRA. **Please be advised that PERA will issue an IRS Form 1099R to you in January of the following year.**

If you have any questions about this application, please call or write to our office. The mailing address is: Public Employees Retirement Association, 60 Empire Drive, Suite 200, Saint Paul, Minnesota 55103-2088. For Twin Cities metro area members, the phone number is (651) 296-7460. Individuals living outside the metro area may call our toll-free number at 1 (800) 652-9026.

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