



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION
 60 Empire Drive, Suite 200, St. Paul, MN 55103
 651 296-7460 | 1-800-652-9026 | www.mnpera.org

PERA ID Number

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.

Firefighter's Name: _____ Date of Death: _____

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

PART B: FOR COMPLETION BY APPLICANT – Please Print

Decedent's Name (Last, First, Middle Initial): _____		Decedent's Social Security Number (Last 4): _____	
Applicant Last Name: _____	Applicant First Name: _____	Applicant MI: _____	
Applicant Mailing Address: _____			
City: _____	State: _____	Zip Code: _____	
Applicant's Full Social Security Number: _____		Applicant Birthdate (Month, Day, Year): _____	

Check the box that applies to your type of survivor benefit:

Spouse Survivor Benefit Application
 Federal income tax will be withheld at a rate of 20 percent from your survivor benefit 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)

Non-Spouse Survivor Benefit Application
 Federal income tax will be withheld at a rate of 20 percent from your survivor benefit.

ONLY APPLICATIONS WITH THE ORIGINAL SIGNATURES WILL BE PROCESSED

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC TO BE VALID

Subscribed and sworn to before me this _____ day
 of _____, Year _____

_____ Signature of Notary	_____ Signature of Applicant
Notary Public of _____ County. My Commission expires : _____ (SEAL)	_____ Date (_____) _____ Telephone Number (During 8 a.m.-4:30 p.m.)

PART C: SPOUSE SURVIVORS ONLY - 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 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)

IRA ROLLOVER DESIGNATION - Please Print

Rollover Company's Name:

For The Benefit of (FBO):

Rollover Company's Address:

City:	State:	Zip Code:
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IRA Account Number for Deposit:

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

Rollover Company's Contact Person:	Rollover Company's Telephone Number:
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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.

Please be advised that PERA will issue an IRS Form 1099R to you in January of the following year. Lump-sum 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.

If you have any questions please call a PERA Service Representative at 651-296-7460 or 1-800-652-9026.

Our mailing address is:
Public Employees Retirement Association (PERA)
60 Empire Drive, Suite 200, Saint Paul, Minnesota 55103-2088
www.mnpera.org