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| REQUEST FOR BURIAL / DEATH BENEFIT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the Board of Trustees  Arkansas State Highway Employees’ Retirement System  Little Rock, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | In accordance with the provisions of Act 482 of 2001, I, the designated legal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| beneficiary of | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| who died on | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| hereby request the payment of all sums due as provided in said Act. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Beneficiary’s Information** | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Beneficiary’s | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Beneficiary’s Social | | | | | | | | | |  | | | | | | | | | | | | | |  |
| Full Name | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Security Number | | | | | | | | | |  | | | | | | | | | | | | | |  |
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| Permanent | | | | | | | |  | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| Mailing Address | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
|  | | | | | | | | | | | (Street or RFD) | | | | | | | | | | | |  | | | | | (City) | | | | | | | | | | | | | |  | | | (State) | | | | | | (Zip Code) | | | | | | | |
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| Phone | | ( ) | | | | | | | | | | | | | | | | | | | | E-Mail | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | |  | | | | |
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| **Select one of the following for the distribution of funds:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |  |
|  | | 1. Send check to address above | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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|  | | 2. Direct Deposit – **MUST ATTACH A VOIDED CHECK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **Indicate your tax withholding preferences. If no option is selected, 10% is automatically held out to comply with the IRS.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Withhold *Federal* Income Tax of: | | | | | | | | | | | | | |  | | 20% | | | | |  | | | | | | | | % | | | |  | | | None | | | | | | | | | | | | | | | | | | | |  | | |
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| Withhold *Arkansas State* Income Tax of: | | | | | | | | | | | | | | | |  | | | | 5% | | | | | |  | | | | | | | | % |  | | | | None | | | | | | | | | | | | | | | | | | |  |
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| ***A copy of the death certificate or a Proof of Death, Form 19-314 must be filed with ASHERS.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***FORM MUST BE NOTARIZED BELOW*** | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| Subscribed and sworn to before me on this | | | | | | | | | | | | | | | |  | | | | | | | | day of | | | | | | | |  | | | | | | | | | | | | | | | , |  | | | | | | | . | | |  |
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|  | | | | | | | | | | | | (SEAL) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
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| **DO NOT WRITE BELOW THIS LINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Gross Benefit | | | | | Federal W/H | | | | | | | | State W/H | | | | | Net Payment | | | | | | | | | | | | | | Voucher  Number | | | | | | Prepared By | | | | | | | | Verified By | | | | | | Approved | | | | | | |
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