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| REQUEST FOR BURIAL / DEATH BENEFIT |
| To the Board of TrusteesArkansas State Highway Employees’ Retirement SystemLittle 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. |  |
|  |  |  |  |  |
| **Beneficiary’s Information** |  |  |  |
|  |  |
| Beneficiary’s |  | Beneficiary’s Social |  |  |
| Full Name |  | Security Number |  |  |
|  |  |
| Permanent |  |  |  |  |
| Mailing Address |  |  |
|  | (Street or RFD) |  | (City) |  | (State) | (Zip Code) |
|  |
| Phone | ( ) | E-Mail |  |  |
|  |  |
| **Select one of the following for the distribution of funds:** |  |  |
| [ ]  | 1. Send check to address above |  |
|  |  |
| [ ]  | 2. Direct Deposit – **MUST ATTACH A VOIDED CHECK** |  |
|  |  |
| **Indicate your tax withholding preferences. If no option is selected, 10% is automatically held out to comply with the IRS.** |
|  |  |  |  |  |  |  |  |  |
| Withhold *Federal* Income Tax of: |  | 20% |  | % |  | None |  |
|  |  |
| Withhold *Arkansas State* Income Tax of: |  | 5% |  | % |  | None |  |
|  |  |
| ***A copy of the death certificate or a Proof of Death, Form 19-314 must be filed with ASHERS.*** |
|  |  |  |  |  |  |
| ***FORM MUST BE NOTARIZED BELOW*** |  |  |
|  |  |
|

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| State of  |  |  | County of  |  |  |

 |  |
|  |  |   |  |  |
|  Subscribed and sworn to before me on this |  | day of  |  | , |  | . |  |
|  |  |  |  |  |  |
|  |  |  | Notary Public |  |  |
|  | (SEAL) |  |
|  |   |  | My commission expires |  |
|  |  |
|  |  | *Beneficiary’s Signature* |  |
|  |  |  |  | ***(to be signed in front of notary)*** |
| **DO NOT WRITE BELOW THIS LINE** |
|  |
| Gross Benefit | Federal W/H | State W/H | Net Payment | VoucherNumber | Prepared By | Verified By | Approved |
|  |  |  |  |  |  |  |  |