



## APPLICATION FOR SURVIVORS' BENEFITS (DEATH DURING DEFERRAL)

APPLICANT INFORMATION (PLEASE PRINT)														
Name	First	Middle	Last	Social Security Number				-			-			
Mailing Address			Street	Phone			Birth Date		Month	Day	Year			
City		State	Zip	E-mail Address										
DECEASED INFORMATION (PLEASE PRINT)														
Name	First	Middle	Last	Social Security Number				-			-			

**Please submit a record of your marriage, birth certificates for both you and your spouse, and a certified copy of your spouse's death certificate along with this application.**

I hereby make application for survivors' benefits pursuant to the provisions of 70.675, RSMo (2000). I understand that the benefit payable, if any, will be paid the month after the deceased member would have attained minimum service (normal) retirement age.													
Signature										Date			