

Am I Ready to Retire?

Are you thinking of retiring but don't know where to start? Here are some general answers to help you get started.

What Counts Toward Retirement?

Any contribution made from your paycheck is considered earned income and will count toward your years of service. Members earn one year of service credit for every 10 months worked and paid (generally 1,740 hours) in a fiscal year. Members cannot earn more than one year of service credit in any one fiscal year, regardless of hours worked and paid.

Will Count Towards Retirement

Work hours
Sick time
COVID sick time
Vacation time
Furlough
Comp time paid
Legal holiday paid
Floating holiday paid
DSW Work

Will Not Count Towards Retirement

FMLA leave
Workers Comp leave
Unpaid leave
Paid leave through SDI (not receiving a paycheck)
Unpaid time off
Any time that is earned (Comp time, etc.)
Allowance toward equipment/uniform
Reimbursement expenses
*Overtime (varies with individual tier plan)

*Covered compensation will vary by tier. Please contact SFERS for your specific plan summary.

I'm Ready to Retire, What Do I Need to Do?

1. Get an estimate of your SFERS benefit (*not mandatory*)
 - a) Benefits modeling calculator via [mySFERS](#) secure member portal
 - b) Prepared Benefits Estimate: request a prepared estimate by completing and mailing a [Request for Estimate Form](#). Please allow six (6) to eight (8) weeks to receive your estimate. Current wait times are longer than 8 weeks.

Option B is only available if you are qualified to retire within 12 months.

2. Attend a "Ready to Retire" Seminar (*not mandatory, but suggested*)

Any of these seminars are available on a first-come, first served basis:

- Path to Retirement: What it means to be "Retirement Ready"
- Ready to Retire – 5 Years from Retirement: Steps and strategies to help you prepare for retirement
- Ready to Retire – 1 Year from Retirement: Planning to retire and resources to enhance your pension

- Ready to Retire – The Retirement Application: Preparing for your retirement counseling appointment
- Ready to Retire – After Retirement: Your final benefit and what happens after retirement
- The SFDCP: Voluntary contributions to complement your SFERS pension

There is no fee to attend the webinars. For scheduling and enrollment information, please visit, <https://mysfers.org/sfers-calendar/pre-retirement-seminar-schedule/>

3. Schedule a counseling appointment (**MANDATORY**)

Schedule a counseling session with a Retirement Counselor within 6 months of your desired retirement date. This session will take up to 2 hours to complete. Log in via [mySFERS](#) secure member portal and schedule an appointment using the online Retirement Appointment Scheduler to discuss the following types of benefits:

- Service Retirement: *(for members who according to credited service and age, are qualified for service retirement)*
- Disability Retirement: *(for members incapacitated due to illness or injury)*

Required items for your counseling appointment:

- Valid Picture ID or Passport
- Original Certified Marriage Certificate/Domestic Partnership
- Original Certified Birth Certificate of Spouse/Domestic Partner or Designated Beneficiary
- Social Security Number and Date of Birth of Spouse/Domestic Partner
- Social Security Number and Date of Birth of Unmarried Child(ren) under 18

First retirement allowance payment will occur 30-45 days after the retirement date.

SFERS Contact Information

Hours: 8 am – 5 pm, Monday - Friday

Phone: (415) 487-7000

Address: 1145 Market Street, 5th Floor, San Francisco, CA 94103

Email: sfersconnect@sfgov.org

SFERS website: <https://mysfers.org/resources/mysfers-member-portal/>

SFERS forms: <https://mysfers.org/resources/forms/>

Please contact SFERS if you have specific questions regarding your retirement account.

It is very important you have a current Beneficiary Designation on file.

Use the *Beneficiary Designation Form* to: 1) elect beneficiaries for lump-sum death benefits payable upon your death and 2) elect beneficiaries for survivor benefits under retirement Options 1, 2 and 3 payable upon your death. To ensure you complete the *Beneficiary Designation Form* correctly, read this fact sheet before completing the form.

Lump Sum Death Benefit

Both active and retired members must name a beneficiary for the lump sum death benefit. Although the benefit amount depends on whether you are eligible to retire at the time of your death, the rules for naming a beneficiary are the same. You may choose one or more primary and/or contingent beneficiaries for this benefit. You may name individuals and/or trusts. If you name more than one beneficiary, whether primary or contingent, they will all share equally in the payout. If you do not name a beneficiary or if your designated beneficiary predeceases you, this benefit is paid to your estate. You may change your beneficiary at any time by completing a new *Beneficiary Designation Form*. If you name a living trust, attach a copy of the title page and the signature page of the trust.

If you are an active member, naming your spouse or domestic partner as beneficiary will protect his or her eligibility for a continuation benefit upon your death prior to retirement if you are qualified for retirement at the time of your death.

You can change your Lump Sum Death Benefit beneficiaries at any time.

Retirement Options

Option 1

An optional form of monthly allowance that, upon your death after retirement, any unused contributions in your Member Account after offset of the annuity payments received during your retirement lifetime, will be paid to your beneficiary in a lump sum. Your Option 1 election reduces the allowance payable to you during your lifetime to provide the lump sum payout.

With your Option 1 election, you will be required to name a primary beneficiary. You may also name contingent beneficiaries. You may name as many primary and contingent beneficiaries as you would like. Your primary beneficiary receives the balance of your unused contributions, if any, at the time of your death. If you name more than one beneficiary, whether primary or contingent, they will all share equally in the payout of unused contributions.

If your primary beneficiary dies before you do and you die without naming another primary beneficiary, your unused contributions go to your contingent beneficiary(ies) in the same manner. If all of your primary and contingent beneficiaries die before you do, the unused contributions are paid to your estate.

You can change your Option 1 beneficiary designation election at any time.

Option 2

An optional form of monthly allowance that actuarially reduces your monthly allowance during your lifetime and, at the time of your death, provides a 100% continuation benefit to be paid to your named beneficiary who survives you. Your Option 2 election reduces the allowance payable to you during your lifetime to provide the enhanced benefits to your surviving beneficiary. The Option 2 continuation allowance will be reduced by any qualified survivor continuation benefit that is payable at the time of your death.

Option 3

An optional form of monthly allowance that actuarially reduces your monthly allowance during your lifetime and, at the time of your death, provides a continuation benefit to be paid to your named beneficiary who survives you equal to 50% of the reduced monthly allowance you were receiving at the time of your death. The Option 3 continuation will be reduced by any qualified survivor continuation benefit that is payable at the time of your death.

With Option 2 or Option 3 elections, you may name any person as your beneficiary. However, if at the time of your death, you have a spouse or domestic partner who meets the definition of qualified survivor, your spouse/domestic partner is automatically eligible for the Plan-provided 50% continuation benefit until death, remarriage or entering into a domestic partnership.

If you name your spouse/domestic partner as your Option 2 or 3 beneficiary, your spouse/domestic partner will receive the additional portion of the Option 2 or 3 continuation benefit that you purchased in addition to the Plan-provided 50% continuation benefit.

If you name someone other than your spouse/domestic partner as your Option 2 or 3 beneficiary, your spouse/domestic partner who meets the definition of qualified survivor at the time of your death will be automatically eligible for the Plan-provided 50% continuation benefit and your non-spouse/domestic partner beneficiary will receive the difference in the enhanced portion of the Option 2 or 3 election, if any. Further, your spouse/domestic partner must agree to your designation in writing in the presence of a SFERS staff member or a notary public.

In no event will the monthly continuation benefits payable upon the death of a member under Options 2 or 3 exceed the monthly plan benefits payable to the member during his or her lifetime.

You cannot change your Option 2 or Option 3 beneficiary designation after your retirement date. If your named beneficiary dies before you do, the enhanced portion of the Option 2 or 3 benefits are not payable after your death.

Completing the Beneficiary Designation Form

If you complete the *Beneficiary Designation Form* at the SFERS office, a SFERS staff member will witness your beneficiary designation(s). If you complete the form outside the SFERS office, you must complete the Member Acknowledgment (Section 5) in the presence of a notary public, and the notary public must complete Section 6 before you return the form to SFERS.



San Francisco Employees' Retirement System
 1145 Market Street, 5th Floor, San Francisco, CA 94103
 Phone: (415) 487-7000 Hours: 8 a.m. – 5 p.m. Monday-Friday

Beneficiary Designation Form
 SIDE A

ACTIVE MEMBER RETIRED MEMBER

Check One:
 Initial Election
 Change

1. Member Information			
Name (First, Middle Initial, Last)	Social Security Number	Birth Date	Today's Date
Mailing Address (Street, City, State, Zip Code)		Daytime Phone Number	
SFERS Membership			
<input type="checkbox"/> Miscellaneous: Charter Section _____ <input type="checkbox"/> Police: Charter Section _____ <input type="checkbox"/> Fire: Charter Section _____			

2. Beneficiary Designation for Lump Sum Death Benefit—Active and Retired Members

You may name one or more primary and contingent beneficiaries.* You can name individuals, your estate or trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document.
 You may change beneficiaries for this benefit at any time. The *Beneficiary Designation* form is available at www.mysfers.org.

Primary Beneficiary(ies)		
Name (First, Middle Initial, Last)	Mailing Address (Street, City, State, Zip Code)	Relationship to Member
1.		
2.		
3.		
Contingent Beneficiary(ies)		
1.		
2.		
3.		

3. Beneficiary Designation for Option 1 Payout—Retiring Members Only

Complete this section if you elected the Option 1 Payout.
 You may name one or more primary and contingent beneficiaries. You can name individuals, your estate or trust. If you name a trust, you must attach a copy of the front and signature pages of the trust document.
 Should I survive my named beneficiary(ies). I request and authorize that such death benefit be paid to my estate or to such other beneficiary(ies) as I may hereafter nominate by written designation duly filed with the Retirement System. You may change beneficiaries for this benefit at any time. The *Beneficiary Designation* form is available at www.mysfers.org.

Primary Beneficiary(ies)		
Name (First, Middle Initial, Last)	Mailing Address (Street, City, State, Zip Code)	Relationship to Member
1.		
2.		
3.		
Contingent Beneficiary(ies)		
1.		
2.		
3.		

If you need additional space, attach a separate sheet of paper and indicate that you are designating additional primary and/or contingent beneficiaries for Section 2 or 3. Be sure to include your signature and the date.

4a. Beneficiary Designation for Options 2 and 3 Payout—Retiring Members Only

Complete this section if you elected the Option 2 Payout or Option 3 Payout. **You may not change option election or beneficiary election after retirement date.** I understand that there will be no benefit payable after my death unless the beneficiary names below survives me.

You may name one beneficiary only. If you have a spouse or domestic partner who is a qualified survivor and you do not list him or her as your beneficiary, your spouse or domestic partner must authorize your beneficiary designation below.

Beneficiary for Option 2 or 3 Payout			
Name (First, Middle Initial, Last)	Mailing Address (Street, City, State, Zip Code)	Birth Date (MM/DD/YY)	Relationship to Member

4b. Spouse/Domestic Partner Authorization for Options 2 and 3 Beneficiary Designation

I understand that, by providing my signature below in the presence of a SFERS staff member or notary public, I am acknowledging that my spouse or domestic partner has designated another beneficiary to receive survivor benefits.

Spouse/Domestic Partner Signature

Social Security Number

Date

Spouse/Domestic Partner Name (Please print.)

SFERS Staff Signature

Date

Notary For Spouse/Domestic Partner Authorization

This individual appears to be known as the person described on this form and has sworn that the statement above is true to the best of his or her knowledge and beliefs.

Signature of Notary

Date

Notary Seal

County

State

5. Member Acknowledgment

Read the applicable paragraphs and place your initials on the lines next to them to indicate that you understand their contents. At the bottom of this section, sign and print your name, and enter the requested information in the applicable spaces provided. ***If you complete this form outside the SFERS office, you must complete this section in the presence of a notary public.***

I affirm that the information I have provided on this form is complete and true to the best of my knowledge and beliefs. In addition, I understanding the following:

_____ The beneficiary designations made on this form indicate how death benefits are to be distributed upon my death. The designations made on this form cancel any beneficiary designations I have made in the past.

_____ If I designate more than one beneficiary in Section 2 (or Section 3 if applicable), all beneficiaries will share the death benefit equally. If no beneficiaries survive me, death benefits, if any, will be paid to my estate.

_____ California community property laws will always affect distribution of death benefits regardless of the designations made on this form.

Member Signature

Date

SFERS Staff Signature

Date

6. Notary

This individual appears to be known as the person described on this form and has sworn that the statements contained on this form are true to the best of his or her knowledge and beliefs. In addition, this individual has completed Section 5 of this form in my presence and, by doing so, has acknowledged his/her understanding of the contents therein.

Signature of Notary

County

State

Date

Notary Seal

SFERS Use Only

Form completed at SFERS: Yes No

Date Received: _____

Staff: _____

Reviewed by: _____

Date Approved: _____

Staff: _____

Retirement #: _____

Charter Code: _____

SFERS provides this form to help you keep track of important documents. The "Retirement" section lists the documents you will need to bring to your retirement appointment. You may also want to give a copy of this form to your family, so they can easily access your documents in the event of illness or death. **This form is for personal use only. Do Not Send this form to SFERS.**

RETIREMENT: Indicate the location of each document

Picture ID/Passport _____

Original Certified Marriage Certificate/Domestic Partnership _____

Original Certified Birth Certificate of Spouse/Domestic Partner or Designated Beneficiary _____

Social Security Number & Date of Birth of Spouse/Domestic Partner _____

Social Security Number & Date of Birth of Unmarried Child(ren) Under 18 _____

PERSONAL: Indicate the location of each document

Deed/Title to Property _____

Vehicle Title _____

Social Security Card _____

Military Service Record _____

Funeral Arrangements _____

Extra keys to home, vehicle, etc. _____

FINANCIAL: Indicate the bank name and account number for each account

Primary Bank Account _____

Other Bank Account _____

Mortgage _____

Safe Deposit Box/Box Number/Location/Keys _____

Tax Records _____

INSURANCE: Indicate the insurance company, address and policy number

Life Insurance _____

Health Insurance _____

Vehicle Insurance _____

Property Insurance _____

LEGAL: Indicate the location of each document and authorized individual

Will _____

Trust _____

Power of Attorney _____

Divorce Papers _____

RETIREMENT DOCUMENTS: Indicate the location of each document

SFERS Beneficiary Designation Form _____

Social Security Records _____

Other Retirement Records _____



SFERS

San Francisco Employees' Retirement System

Active Member Services Division
1145 Market Street, 5th Floor
San Francisco, CA 94103

FOR OFFICE USE ONLY

Date Received by SFERS: _____

By SFERS Staff Member: _____

Retirement Estimate Request

THIS IS NOT AN APPLICATION FOR SFERS RETIREMENT BENEFITS. SFERS will provide a benefit estimate only for members eligible for service retirement or vesting retirement within one year from the date of this request – you must be at least age 50 with 5 or more years of service credit within 1 year from the date of this request. Your written estimate of your SFERS retirement benefits will be provided within 6 - 8 weeks of receipt of your request. The written estimates will be mailed to the mailing address provided or to your business or personal e-mail address provided below. Information regarding SFERS disability retirement is available by making a retirement appointment with SFERS Member Services by calling 415-487-7000 or 888-849-0777 (Toll free).

Your SFERS retirement benefit estimate will be based on SFERS membership information or your member account balance contained in your membership file as of the date of your request. The estimates provided are not a guarantee of eligibility for service or vesting retirement or benefit amounts. This estimate is provided for planning purposes only. **No more than 1 estimate will be provided for any 12-month period.** If you are interested in electing SFERS service retirement, you must make an appointment with SFERS Member Services by calling 415-487-7000 or 888-849-0777.

Note: If you terminate City employment or receive a layoff notice, you are required to bring a copy of your separation report or layoff notice to this office to be counseled regarding your benefit options.

In order to process your *Request for Estimate*, please provide the following information:

1. Member Information			
Name (First, Middle Initial, Last)	Social Security Number	Birth Date	Today's Date
Mailing Address (Street, Apartment Number)		Daytime Phone Number	
Mailing Address (City, State, Zip Code)		Business or Personal E-Mail Address	
Current Membership Category (Check one box)		Position/Title	
<input type="checkbox"/> Miscellaneous <input type="checkbox"/> Police <input type="checkbox"/> Fire		Department/Division/Branch	

2. Type of Retirement	
<input type="checkbox"/> Service Retirement <input type="checkbox"/> Vesting Retirement	Estimated Retirement Date: _____ [Must be within 1 year from date of this request] <small>(MM/DD/YY)</small>

3. Spouse/Domestic Partner Information	
Marital Status (Check one box.) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Domestic Partnership	Spouse/Domestic Partner Information (Complete if applicable.) Date of marriage/domestic partnership registration: _____ Spouse/Domestic Partner Name: _____ Spouse/Domestic Partner Birth Date: _____

Member Signature	
Member Signature _____	Date _____



SFERS

San Francisco Employees' Retirement System

1145 Market Street, 5th Floor, San Francisco, CA 94103
Telephone (415) 487-7000, 8 a.m. – 5 p.m. Monday-Friday

TAX WITHHOLDING ELECTION FOR MONTHLY BENEFITS

Check one:

- Initial Election
- Change

1. Member Information		
Name (First, Middle Initial, Last)	Social Security Number	Retirement Date
2. Recipient Information		
Name (First, Middle Initial, Last)	Social Security Number	Effective Date
Mailing Address (Street, City, State, Zip Code)		Daytime Phone Number
Relationship to Member <input type="checkbox"/> Self (Member) <input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner or Other Beneficiary		
3. Federal Income Tax Withholding Election		

No Withholding Election: Please do not withhold federal income tax from my monthly benefit. You must live in the United States to make this election. (Skip the rest of this section.)

Withholding Election: Please withhold the following amounts from my monthly benefit:

A. **Standard withholding amount** based on my filing status and number of withholding allowances shown below. (Use the Federal tax chart from 'IRS Publication 15' at irs.gov to estimate your standard federal withholding and enter estimated amount on line A in the right-hand column.)

Filing Status: Single
 Married
 Married But Withhold at the Higher Single Rate

Withholding Allowances: _____

B. **Additional withholding amount (optional):** \$ _____

ESTIMATED TOTAL MONTHLY FEDERAL WITHHOLDING (Add lines A and B)

Withhold Flat Dollar Amount: Please withhold \$ _____ from my monthly benefit.

Withholding Worksheet
Estimated Monthly Federal Withholding Amount
A \$ _____
+ B \$ _____
= \$ _____

4. California State Income Tax Withholding Election
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No Withholding Election: Please do not withhold California state income tax from my monthly benefit. (Skip the rest of this section.)

Withholding Election: Please withhold the following amounts from my monthly benefit:

C. **Standard withholding amount** based on my filing status and number of withholding allowances shown below. (Use the State tax chart from the California Employer's Guide at edd.ca.gov to estimate your standard California state withholding and enter estimated amount on line A in the right-hand column.)

Filing Status: Single
 Married
 Married But Withhold at the Higher Single Rate

Withholding Allowances: _____

D. **Additional withholding amount (optional):** \$ _____

ESTIMATED TOTAL MONTHLY CALIFORNIA WITHHOLDING (Add lines C and D.)

Withhold Flat Dollar Amount: Please withhold \$ _____ from my monthly benefit.

Withholding Worksheet
Estimated Monthly California Withholding Amount
C \$ _____
+ D \$ _____
= \$ _____

5. Recipient Signature

Read each paragraph and place your initials on the lines next to them to indicate that you understand their content. At the bottom of this section, sign your name and enter in today's date.

I understand the following:

_____ SFERS cannot provide tax advice regarding the appropriateness of my tax withholding elections. I acknowledge that I must consult with the Internal Revenue Service, California Franchise Tax Board or my tax advisor regarding the taxability of my retirement benefit.

_____ The estimated dollar amounts entered in the right-hand column are for my information purposes only. The actual federal and state income tax withholding amounts will be based on my actual monthly benefit amount as determined by SFERS, my filing status, and the number of withholding allowances as indicated on this form, and whether or not I elected on this form to have additional amounts withheld.

_____ SFERS is required by law to withhold a certain amount from my monthly benefit if I do not provide my Social Security number on this form **or** SFERS is notified by the Internal Revenue Service (IRS) that my Social Security number is not correct. The withholding amount would be calculated as if I were single with no withholding allowances

_____ I am responsible for payment of any additional income taxes or penalties to the Internal Revenue Service or the California State Franchise Tax Board if withholding amounts are insufficient according to current tax laws.

_____ The withholding elections made on this form will go into effect as soon as administratively possible and will cancel any withholding elections I have made in the past.

_____ Changes to my tax withholding elections must be submitted in writing to SFERS. The *Tax Withholding Election* form to make changes is available on the SFERS website at www.mysfers.org.

Recipient Signature

Date

SFERS Use Only

Form completed at SFERS: Yes No Date Received: _____ Retirement #: _____
Staff: _____ Charter Code: _____

Final Monthly Benefit: \$ _____

Federal Tax Withholding: - _____

CA State Income Tax Withholding: - _____

Net Monthly Benefit: \$ _____



PLEASE READ CAREFULLY
BEFORE YOU BEGIN
TO FILL OUT THE
ELECTRONIC FUND TRANSFER (EFT) FORM

Instructions are provided on the EFT form, but to help you get ready to complete the form, here is a checklist:

1. Have your correct Social Security Number
2. Know your account number and type of account (Savings or Checking)
3. If you choose the checking account, please attach a voided check to the form.
4. If your account is a joint account, you will need the joint account holder's information and signature where indicated.

Once you have completed "Section 1" of the EFT form, take it to your bank or financial institution to complete Section 2. They may keep a copy and you will need to send the original to the San Francisco Employees' Retirement System, 1145 Market Street, 5th Floor, San Francisco, CA 94103.

If a new EFT is requested or a change in EFT account is requested, the current EFT record is invalidated and **checks will be mailed to your mailing address until the new EFT to the new account goes into effect.**

IF EFT FORM IS RECEIVED BY:	CHECK MAILED TO MAILING ADDRESS BY	EFT WILL BE EFFECTIVE NO LATER THAN THE BUSINESS DAY AFTER:
January 11	January 31	The last day of February
February 11	The last day of February	March 31
March 11	March 31	April 30
April 11	April 30	May 31
May 11	May 31	June 30
June 11	June 30	July 31
July 11	July 31	August 31
August 11	August 31	September 30
September 11	September 30	October 31
October 11	October 31	November 30
November 11	November 30	December 31
December 11	December 31	January 31



SFERS

San Francisco Employees' Retirement System

Electronic Funds Transfer (EFT) Authorization Form

SAN FRANCISCO EMPLOYEES' RETIREMENT SYSTEM (SFERS)
1145 MARKET STREET, 5TH FLOOR, SAN FRANCISCO, CA 94103

To sign up for EFT, please read the cover letter and fill in the information requested in Section 1. Then take this form to your financial institution for them to complete. Return the completed original of this form to SFERS at the address above.

Please advise SFERS of address changes so that you will receive your monthly EFT Advise Notice, annual tax statements, notices of elections of the Retirement Board, and other important benefit information.

SECTION 1 (to be completed by the payee)

Name of SFERS Payee:		SFERS Payee SSN:	SFERS Payee Retirement #: (if known)
Address:		Joint Account Holder's Certification	
Area Code/Phone Number:		I certify that I have read this form and understand that I should advise both the SFERS and the financial institution of the death of the SFERS payee and that funds deposited after the date of death are to be refunded to SFERS. I further understand that failure to notify SFERS of the death of the payee could result in personal liability to me.	
Payee's Certification		Name, Address, and Phone Number of Joint Account Holder:	
I certify that I am entitled to a payment from SFERS and that I have read and understood the information on this form and instructions provided. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited from my account and refunded to SFERS. I further authorize this financial institution to provide SFERS with any changes to my home or mailing address.			
Signature of SFERS Payee	Date	Signature of Joint Account Holder	Date

SECTION 2 (to be completed by the financial institution)

Name and Address of Financial Institution:		Transit Number:	
Branch Name and Number:		Depositor Account Number (Please show exactly how the number should be recorded, including any necessary spaces, zeroes, or dashes.):	
Branch Phone Number:		Type of Account: (Select only one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings (Please attach a voided check)	
Financial Institution's Certification			
In consideration of SFERS making payments without requiring the payee's personal endorsement conveying the payment and without requiring other proof that the payee is alive on the date the payment falls due, we hereby agree to refund SFERS on demand, the amount of any payments we receive after the payee's date of death. We further agree to accept SFERS's certification as sufficient proof of the date of death. We further agree to provide SFERS any changes to the payee's home or mailing address.			
Signature of Financial Institution Representative:		Print or Type Representative Name:	Date:
For staff use only <input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Cancellation		Reviewed ____ Entered: ____ Checked ____	