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| --- |
| **REQUEST FOR SETTLEMENT OF DECEASED MEMBER’S ACCOUNT** |
|  |
| To the Board of TrusteesArkansas State Highway Employees’ Retirement System Little Rock, Arkansas |  |
|  |
|  In accordance with the provisions of Act 454 of 1949, I, the designated legal  |
|  |  |  |  |  |  |  |  |  |
| beneficiary of |       |
|  |
| and who died on |       |
|  |
| hereby request the payment of all sums due as provided for 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 |       |
|  |
| ***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** |
|  |
|  |  | Refund | Total | Voucher | Prepared | Verified |  |
|  | Date | Current | Interest | Payment | Number | By | By | Approved |
| Payroll |  |  |  |  |  |  |  |  |