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| **REQUEST FOR SETTLEMENT OF DECEASED MEMBER’S ACCOUNT** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| To the Board of Trustees  Arkansas State Highway Employees’ Retirement System  Little Rock, Arkansas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
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| In accordance with the provisions of Act 454 of 1949, I, the designated legal | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| beneficiary of | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| and who died on | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| hereby request the payment of all sums due as provided for 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) | | | | | | | | |
| Phone | (     ) | | | | | | | | | | | | | | | | | E-mail | | | | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***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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| State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subscribed and sworn to before me on this | | | | | | | | | | | | \_\_\_\_\_\_\_ day of | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | , | | | | \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | . |
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| (SEAL) | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | My commission expires | | | | | | |  | | | | | | | | | | | | | | |  | | | |
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|  | | | | | | | |  | | |  | | | | | | *Beneficiary’s Signature* | | | | | | | |  | | | | | | | | | | | | | | |  | | |
|  | | | | | | | |  | | |  | | |  | | |  | | | | | | | | | ***(to be signed in front of notary)*** | | | | | | | | | | | | | | |
|  | | | | | | | |  | | |  | | |  | | |  | | | | | | | | | |  | | |  | | |  | | | | | | | | | | |  |
| **DO NOT WRITE BELOW THIS LINE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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|  | |  | | | | | | | | Refund | | | | | | Total | | | | Voucher | | | Prepared | | | | | Verified | | | | | | |  | | | | | | | |
|  | | Date | | | | | | | | Current | | | Interest | | | Payment | | | | Number | | | By | | | | | By | | | | | | | Approved | | | | | | | |
| Payroll | |  | | | | | | | |  | | |  | | |  | | | |  | | |  | | | | |  | | | | | | |  | | | | | | | |