

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM REQUEST FOR BURIAL / DEATH BENEFIT

To the Board of Trustees
Arkansas State Highway Employees' Retirement System
Little 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 Full Name _____ Beneficiary's Social 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

Subscribed and sworn to this _____ day of _____ , _____ ,

(SEAL)

Notary Public _____

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	Voucher Number	Prepared By	Verified By	Approved