

AFFIDAVIT TO RECEIVE DECEASED MEMBER'S Form 1099R

1. My name is _____, and I am over the age of 18 and I am resident of _____, residing at _____ and my telephone number is _____.

2. The decedent's name is _____ is my _____ and was a resident of _____, _____ and died on _____]

and their social security number is _____.

3. I request the above decedent's PERA Form 1099R, for _____ and I _____ attest that this request is for the limited purpose of settling the affairs or filing taxes for the decedent.

(Signature)

(mailing address)

STATE OF _____)
COUNTY OF _____)

_____, appeared before me this _____ day of _____, 2023 and did sign and acknowledge the above sworn statement.

My Commission Expires:

NOTARY PUBLIC