AFFIDAVIT TO RECEIVE DECEASED MEMBER'S Form 1099R

	1.	My name is	$\underline{\hspace{1cm}}$, and I am over the age of 18 and I an
resideı	nt of	. residing	g at(address)
		(city and state)	(address)
and m	y telep	hone number is	
	, ,		
	2.	The decedent's name is	
			(name of deceased)
is my		and was a re	resident of,
	(deced	lent's relation to person making aff	îdavit) (city)
			,
			1]
	(count	y)	(date)
مائة لم مدم		:-1	
and in	eir soc	ial security number is	·
	3.	I request the above deceder	nt's PERA Form 1099R, for
	٥.	and I	it 31 Elect 1 offir 1077K, for
		and 1	(year(s))
attect t	that thi	s request is for the limited nu	rpose of settling the affairs or filing taxes for
allest (inat in	s request is for the infined pu	ipose of setting the aritins of fining taxes for
the de	cedent.		
the de	ecaciii.		
			(Signature)
			(Signature)
			(mailing address)
			(maning dauress)
STAT	EOE	`	
SIAI	E OF _		
COLD	ITV	<i>)</i>	
COUN	NTY O	r)	
			11 0 11
			appeared before me thisday of
		$_{}$, $20_{}$ and did sign a	and acknowledge the above sworn
statem	ent.		
			NOTARY PUBLIC
Му Со	ommiss	sion Expires:	
-		-	