LRS-8DD
Rev 3/05

Missouri LAGERS
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MISSOURI LOCAL GOVERNMENT EMPLOYEES RETIREMENT SYSTEM

APPLICATION FOR SURVIVORS BENEFITS – DEATH DURING DEFERRAL

1. I, _____, hereby make application for survivors
(Print Full Name)

benefits pursuant to the provisions of §70.675, RSMo (2000). I understand that the benefit payable, if any, will be paid the month after the deceased member would have attained minimum service (normal) retirement age.

Deceased Name: _____ Soc. Sec. No. ____ - ___ - _____

Your Name: _____ Your Soc. Sec. No. ____ - ___ -_____

Signature:_____ Date of Birth:_____

Mailing address: _____

Number & Street City State Zip

E-mail Address: _____ Daytime Phone: _____

Date: _____

**** Please submit a record of your marriage, birth certificates for both you and your spouse, and a certified copy of your spouse's death certificate along with this application.**