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SURVIVOR BENEFITS RECIPIENT'S CERTIFICATION

Name of Deceased Member: _____ SSN: _____

Name of Student: _____ SSN: _____

Name of School: _____

School Address: _____

My anticipated graduation date is: _____

I attest that I am the beneficiary of the above-named deceased member of the Maine Public Employees Retirement System and eligible to receive Survivor Benefit Payments. I am unmarried and in full-time attendance at the above-named school.

I certify that the foregoing statements are true to the best of my knowledge and belief. I further certify that the Maine Public Employees Retirement System will be immediately advised of any change in my status, including marriage, graduation, suspension, expulsion or other such cause of voluntary or involuntary non-attendance at the above school.

I hereby agree to reimburse the System for any sums paid to me, and to which I am not entitled, as a result of my failure to comply with the above requirements.

Home Mailing Address:

Telephone No.

Signature

NOTE: A CERTIFIED TRANSCRIPT OR LIST OF COURSES FROM THE REGISTRAR MUST BE ATTACHED BEFORE BENEFITS WILL BE PAID.

NOTARY (MUST BE COMPLETED BY A NOTARY PUBLIC)

The person, who is named and who has signed above, personally appeared before me on _____
Date
has executed this document in my presence and has acknowledged it as his/her free act and deed.

Signature of Notary Public/Attorney at Law

SEAL

Printed Name

My commission expires on: _____
Date