

**TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM
FORM 411-S1: SURVIVOR'S ANNUITY APPLICATION**

THE AGENCY WILL NOT PROCESS AN APPLICATION WITHOUT A CERTIFIED COPY OF THE DEATH CERTIFICATE AND A PHOTOCOPY OF YOUR DRIVER'S LICENSE OR STATE ID.

PLEASE SUBMIT THE ORIGINAL FORM TO THE ADDRESS AT THE BOTTOM OF THE PAGE

DEPARTMENT NAME			
1. DECEDENT'S SPOUSE (AS IDENTIFIED ON DEATH CERTIFICATE)			
NAME (Last, First, MI)		SOCIAL SECURITY NO.	
ADDRESS		DATE OF BIRTH (mm/dd/yyyy)	
CITY, STATE, ZIP CODE		PHONE NO.	
EMAIL			
EMERGENCY CONTACT NAME:			
EMERGENCY CONTACT PHONE NUMBER:			
2. DECEDENT'S INFORMATION			
NAME (Last, First, MI)			
SOCIAL SECURITY NO.		DATE OF DEATH (mm/dd/yyyy)	
3. FINANCIAL INSTITUTION ROUTING AND ACCOUNT NUMBER			
TYPE OF ACCOUNT	<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
BANK'S ROUTING NUMBER			
YOUR ACCOUNT NUMBER			
FINANCIAL INSTITUTION'S NAME			
FINANCIAL INSTITUTION CITY and STATE			
4. AUTHORIZATION FOR SETUP AND TO START RETIREMENT APPLICATION			
<p>BY SIGNING THIS FORM, I certify that the information provided is correct and that I am eligible to receive benefits as provided by the Chapter 308 of TESRS Rules.</p> <p>Pursuant to <i>Section 403.016</i>, Texas Government Code, I authorize the Comptroller of Public Accounts to deposit by electronic transfer payments owed to me by the State of Texas and, if necessary, debit entries and adjustments for any amounts deposited electronically in error. The Comptroller shall deposit the payments in the financial institution and account designated above. I recognize that if I fail to provide complete and accurate information on this authorization form, the processing of the form may be delayed or that my payments may be erroneously transferred electronically.</p> <p>I consent to and agree to comply with the National Automated Clearing House Association Rules and Regulations and the Comptroller's rules about electronic transfers, as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.</p>			
Authorized Signature of Applicant			Date
X			

