## TEXAS EMERGENCY SERVICES RETIREMENT SYSTEM FORM 411-S2: SURVIVING SPOUSE 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

1. SURVIVING 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 AND PHONE NUMBER:		
2. DECEDENT'S INFORMATION		
	DECEDENT'S DATE OF	
	DEATH (mm/dd/yyyy)	
3. FINANCIAL INSTITUTION ROUTING AND ACCOUNT NUMBER		
TYPE OF ACCOUNT	Checking	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		
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.		
Pursuant to Section 403.016, 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.		
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electronic transfers, as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed.		
Authorized Signature of Surviving Spouse		Date
X		



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