Form 19-315 Rev. 9/7/2017, CS

ARKANSAS STATE HIGHWAY EMPLOYEES' RETIREMENT SYSTEM
REQUEST FOR SETTLEMENT OF DECEASED MEMBER'S ACCOUNT

To the Board of Trustees
Arkansas State Highway Employees' Retirement System
Little Rock, Arkansas

In accordance with the provisions of Act 454 of 1949, I, the designated legal

beneficiary of _____

and who died on _____

hereby request the payment of all sums due as provided for in said Act.

Beneficiary's Information

Beneficiary's Full Name _____ Beneficiary's Social Security Number _____

Permanent Mailing Address _____
(Street or RFD) (City) (State) (Zip Code)

Phone ( ) _____ E-mail _____

A copy of the death certificate or a Proof of Death, Form 19-314 must be filed with ASHERS.

FORM MUST BE NOTARIZED BELOW

Subscribed and sworn to this _____ day of _____, _____

(SEAL)

Notary Public _____

My commission expires _____

Beneficiary's Signature _____
(to be signed in front of notary)

DO NOT WRITE BELOW THIS LINE

	Date	Refund		Total Payment	Voucher Number	Prepared By	Verified By	Approved
		Current	Interest					
Payroll								