



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)**  
**ABANDONED MONIES FORM**  
**SURVIVOR BENEFITS**

PLEASE PRINT

COMPLETE AND SEND TO:  
 ASRS – Financial Services  
 PO Box 33910  
 Phoenix, AZ 85067-3910

Phoenix (602) 240-2000  
 Tucson (520) 239-3100  
 Toll-Free (800) 621-3778  
 www.azasrs.gov

Disclosure of member's Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about an individual's ASRS account and to inform the Internal Revenue Service of distributions and withholdings with respect to the individual's account.

SECTION 1 – Name of Individual on ASRS Website		
Name (Last)	(First)	(Middle Initial)
Date of Death (MM/DD/YYYY)	City and State of Death	

SECTION 2 – Your Information			
Name (Last)	(First)	(Middle Initial)	
Mailing Address	City	State	ZIP
Personal Email Address	Primary Phone ( )	Secondary Phone ( )	Mobile Phone ( )

SECTION 3 – Qualifying Information of Possible Heirs – Check all that apply.
<input type="checkbox"/> There are _____ (number) possible heirs. Complete Section 4 below. <input type="checkbox"/> Additional names are attached. <input type="checkbox"/> The member is not survived by a spouse, natural or legally adopted children, or parents. <input type="checkbox"/> I am the Personal Representative of the above mentioned estate and have enclosed legal documentation of appointment. <input type="checkbox"/> I have no additional information beyond date and place of death.

SECTION 4 – Survivor Information – Provide as much information as possible to assist the ASRS in locating the individual.	
Name	Name
Relationship to Deceased	Relationship to Deceased
Date of Birth (MM/DD/YYYY)	Date of Birth (MM/DD/YYYY)
SSN	SSN
Address	Address
City, State, ZIP	City, State, ZIP
Phone Number	Phone Number

SECTION 5 – Supporting Documentation (A copy is acceptable.)	
Check which document(s) you are providing to the ASRS:	
<input type="checkbox"/> Certified Death Certificate <input type="checkbox"/> Survivor Birth Certificate(s) <input type="checkbox"/> Appointment of Personal Representative	<input type="checkbox"/> Estate Closing Statement <input type="checkbox"/> Legal Will (copy) <input type="checkbox"/> Other _____

SECTION 6 – Signature	
Signature	Date

**Note:** Any person who knowingly makes any false statement with an intent to defraud the ASRS is guilty of a Class 6 felony in accordance with Arizona Revised Statute § 38-793.

