



COMMONWEALTH OF PENNSYLVANIA
STATE EMPLOYEES' RETIREMENT SYSTEM
 CENTRAL OFFICE REGIONAL COUNSELING CENTER
 30 NORTH THIRD ST STE 150
 HARRISBURG, PA 17101-1716
 TOLLFREE: 1-800-633-5461
 www.sers.state.pa.us



NEXT OF KIN AFFIDAVIT

NOTE: Payment can be made to only one next of kin. Complete this affidavit and have it notarized.

PAYEE NAME	PAYEE'S SOCIAL SECURITY NUMBER
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State of _____)

County of _____)

I, _____, being duly sworn according to law, deposes, and says that he/she is the
 (Next of kin name)
 next of kin of _____.
 (Deceased name) (Deceased SSN)

Furthermore, the above named next of kin swears that to the best of his/her knowledge and belief, there is no estate to which payment can be made. The next of kin understands that the presence of an estate would necessitate that payment be made to the estate rather than the next of kin. The next of kin understands that the order of preference in making payment to the next of kin is spouse, children, father, mother, sister, or brother of the deceased employee. The next of kin hereby states that none of the above mentioned in the order of preference are living and precede me in that order of preference. The next of kin swears that he/she is _____ to the deceased party.
 (Relationship to deceased party)

The next of kin understands that Section 5954 of the State Employees' Retirement Code provides that any person who knowingly makes any false statements or falsifies or permits to be falsified any record or records of the State Employees' Retirement System in an attempt to defraud the State Employees' Retirement System is guilty of a misdemeanor of the second degree (such a crime subjects the guilty person to a fine and/or imprisonment).

 (Signature of Affiant) (Affiant's Social Security Number)

Residential address where payment is to be mailed :

Sworn and subscribed before me the above-mentioned applicant this day of _____, _____

 (Signature of Notary Public)