EIN:	CORRECTIONS OF	IT PLAN <u>INPUT FORM B-DB</u>		
(Please fill in al	of the information of	on this form. If not	applicable, please indicate.)	
INPUT SHEET FOR (select o	ne):			
Today's Date:	DESIGNATED BENEFICIARY			
Date of Death:	PERSONAL REPRESENTATIVE OF DECEDENT'S ESTATE			
Was member Retired at Date PERSONAL INFORMATION				
Name:First	Middle	Last	Social Security Number	
Sex (circle) M F Date of			·	
APPLICANT INFORMATION	T Birtis.		_ Marital Status (Grote) W 0	
Name:First	Middle	Last	Social Security Number	
Date of Birth: Date of Marriage (if Spouse):				
Phone: Home ()	Cell ( <u></u>	)	Work ()	
Personal Email				
EMPLOYER - ADC				
APPLICANT PAYMENT INFORMATION		Payment Me	thod: Check	
Payable to:		Arizona Stat	Federal Tax (circle): Single/Married Exemptions: Arizona State Tax (circle): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1%	
I CERTIFY THE ACCURACY OF THE INFORMATION GIVEN ON THIS FORM				
Date Signature of Applicant				

Note: Please provide a copy of: **Death Certificate** 

State Issued Birth Certificate, Passport, State Issued Driver License or ID (

for Applicant)
Social Security Card (for Applicant)
Voided Check