



Missouri State Employees' Retirement System

**AFFIDAVIT FOR FAMILY MEMBER TO ACT AS AGENT FOR  
A DISABLED OR INCAPACITATED MOSERS BENEFIT RECIPIENT  
UNDER SECTION 104.1093.3, RSMo**

**The family member who wishes to act as the agent must complete this form.**  
(Please print or type the information requested in the blanks.)

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

I, \_\_\_\_\_, hereby state under oath that the following information is true and accurate:

1. My mailing address is:

\_\_\_\_\_  
\_\_\_\_\_

and my daytime phone number is: \_\_\_\_\_

2. The disabled or incapacitated benefit recipient's name and social security is:

NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

3. I am related to the disabled or incapacitated benefit recipient as follows:

\_\_\_\_\_

4. Does the disabled or incapacitated benefit recipient have a spouse that is alive? \_\_\_\_\_ (yes or no). If there is no spouse or the spouse is not alive, proceed to #6. If the spouse is alive, indicate the name, address, and phone number of the spouse.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. If your answer to # 4 is yes and you are the spouse and are willing to act as the agent, stop here.

Affirm and sign this affidavit in the presence of a notary and attach a copy of your marriage certificate. Otherwise, explain why the spouse is unavailable to act as the agent and then proceed to #6:

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6. Does the disabled or incapacitated benefit recipient have any children? \_\_\_\_\_ (yes or no). If there are no children or none of the children are alive, proceed to # 8. If there are children living, indicate the name, address, and phone number of **every** child that is alive.

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7. If your answer to # 6 is yes and you are the child willing to act as the agent and you are 18 years of age or older, stop here. Affirm and sign this affidavit in the presence of a notary and attach a copy of your birth certificate. If all of the children are unavailable to act as the agent, explain why, and then proceed to # 8.

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8. Does the disabled or incapacitated benefit recipient have any parents that are alive? \_\_\_\_\_ (yes or no). If there are no parents that are alive, proceed to #10. If there are parents living, indicate the name, address, and phone number of each parent that is alive.

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9. If your answer to # 8 is yes and you are the parent willing to act as the agent, stop here. Affirm and sign the affidavit in the presence of a notary and attach a copy of the benefit recipient's birth certificate. If the parents are unavailable to act as the agent, explain why, and then proceed to #10.

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10. Does the disabled or incapacitated benefit recipient have any brothers or sisters? \_\_\_\_\_ (yes or no). If there are no brothers or sisters or none of them are alive, proceed to #12. If there are brothers or sisters living, indicate the name, address, and phone number of **every** brother or sister that is alive.

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11. If your answer to # 10 is yes and you are the brother or sister willing to act as the agent and you are 18 years of age or older, stop here. Affirm and sign this affidavit in the presence of a notary, attach a copy of your birth certificate, and a copy of the benefit recipient's birth certificate. If all of the brothers and sisters are unavailable to act as the agent, explain why, and then proceed to #12.

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12. Does the disabled or incapacitated benefit recipient have any nieces, nephews, or grandchildren?  
\_\_\_\_\_ (yes or no).

13. If you are the niece, nephew, or grandchild willing to act as the agent and you are 18 years of age or older, list your name, address, and phone number below. Affirm and sign this affidavit in the presence of a notary, attach a copy of your birth certificate, attach a copy of the birth certificate of your parent who is the son, daughter, brother, or sister of the benefit recipient, and a copy of the benefit recipient's birth certificate.

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**AS REQUIRED BY LAW, PLEASE INCLUDE AN ORIGINAL LETTER FROM A PHYSICIAN DETERMINING THAT THE BENEFIT RECIPIENT LISTED IN #2 IS DISABLED OR INCAPACITATED.**

**If ALL requested documentation is not attached (physician's letter and marriage certificate and/or various birth certificates), this form will be returned to the applicant.**

\_\_\_\_\_  
(Signature of family member requesting to be an agent)

Before me, \_\_\_\_\_ personally appeared and affirmed (as pursuant to Section 486.335, RSMo), under the penalty of perjury, that the testimony given in this affidavit shall be the truth, the whole truth, and nothing but the truth. Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_

County where commissioned: \_\_\_\_\_