

E-5A: Transfer to Minor Form

Form Revision Date: 7/2021-A

Submit completed form to: SDRS, PO Box 1098, Pierre, SD 57501 Questions? Call toll-free: 1-888-605-SDRS (7377)

NOTE: A separate form should be completed for each minor child.

Personal Information										
Social Security Number or SDRS ID		First Name				MI				
Mailing Address			City				State	ZIP		
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Primary Phone Number Secondary Phone Number			Attach a photocopy of one of the following forms of identification:							
			□ Driver License □ Passport □ Govt-issued Nondriver ID					e <mark>r ID</mark>		
Primary Email				Secondary Email						
In providing your email address, you are granting SE	RS permission to i	nclude your email address o	n the SDR	S email list. You	ı may unsubscril	be from this list	at any time by c	ontacting S	DRS.	
Transfer Under the South	Dakota I	Iniform Trans	efers	to Mind	ors Act					
	Danota (Jimoim mane	,,,,,,	to iviiii	7107101					
Ι,		hereby transfe	er to							
I, hereby transfer to (Name of Member)				(Name of Custodian)						
as custodian for under the South Dakota Uniform Transfers to Minors Act, the (Name of Minor)										
(Nan	ne of Minor)	unde	1116 0	Julii Dakol	a Officiali	TIALISICIS	to ivilitions F	ici, iiie		
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following: the beneficial interest in	any benefit p	ayment pursuant to	SDCL	. Chapter 3	-12C.					
If the custodian named above dies	before the tr	ansfer or is unable,	declin	es, or is in	eligible to s	erve, I nor	minate			
		00 0110000	or our	tadian far	ha minar n	amad and	nurnaaaa	an a aifi a	d above	
(Name of Successor Cus	stodian)	as success	sor cus	todian ior	ne minor n	iamed and	purposes	specille	d above.	
(Number of Succession Succ	nodiai i)									
Member's Signature				Date						
Custodian Information an	d Ackno									
Last Name First Name			MI Phone			Phone Nu	Number			
Mailing Address			City				State	ZIP		
I acknowledge appointment as custodia	n for the mino	r named above under	the So	uth Dakota I	Iniform Tran	efere to Mi	nore Act			
		r riamica above anaci	110 00	atii Bakota (Jillioiiii Iiai	iololo to iviii				
Custodian's Signature				Date						
Successor Custodian Info	ormation	and Acknowl	edae	ment						
Last Name First Name					MI	Phone Nu	ımber			
Mailing Address			C:h				C4-4-	l zin		
Mailing Address			City				State	ZIP		
I acknowledge appointment as success					th Dakota U	niform Tran	sfers to Mind	ors Act i	n the event	
that the custodian dies before the trans	ter or is unable	e, declines, or is inelig	ible to	serve.						
Successor Custodian's Signature										
Successor Custoulari s Signature							Date			