



Retirement Application Kit

Before you Begin

- **You must contact PERSI** for a retirement estimate **before** completing and submitting these forms. The estimate from your annual statement **is not** acceptable for this purpose. **If you do not have an estimate from PERSI, PERSI cannot accept your application** and you may need to fill out the forms again.

Instructions

- 1 If you do not have a retirement estimate from PERSI, call PERSI to request an estimate:
 - Call 334-3365 from within the Boise calling area.
 - Call 800-451-8228 from outside the Boise calling area.
- 2 Once you have received your estimate from PERSI, fill out the forms in this kit. (Some forms in this kit may not apply in your case. You may skip a form if it does not apply.)
- 3 Enter the estimate date from your PERSI Estimate in the **PERSI Estimate Information** section below.
- 4 Complete the **Member Information** section below.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, prior to submitting your retirement application.
- 5 Go to the next page and follow the instructions provided with each form.
- 6 PERSI requires a certified copy of your birth certificate and a copy of your Social Security card, and a copy of your non-expired, government-issued photo ID (e.g., a current driver's license, passport, or state ID card) to process your retirement. See the attached **Alternate Evidence for Date of Birth** if you cannot produce a copy of your birth certificate.
- 7 The **Effective Date of Retirement** will be the first day of the month.
- 8 Form RS113, *PERSI Durable Limited Power of Attorney*, is not part of this package, but is available as a separate form if needed.

| | |
|-------------------------------|-------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | | | |
|---|--------------------|--|----------------------------|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Email Address | Date of Birth – mm/dd/yyyy |
| Name of Last PERSI Employer | | Date of Termination – mm/dd/yyyy | |
| Effective Date of Retirement - mm/01/yyyy | | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | |

| PERSI Estimate Information |
|--|
| Date of PERSI Estimate (mm/dd/yyyy): _____ |

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Application for Retirement

Purpose of the Form

- Use this form to apply for retirement; to name a contingent annuitant if you choose Option 1, 2, 4A, or 4B; and, if desired, to authorize direct deposit of your PERSI benefit payments to a financial institution.

Instructions

- Read **About Form RS121**, attached.

Note: If your address has changed, you must submit form RS110, *Member Mailing Address Change*, prior to submitting your retirement application.

| | |
|-------------------------------|-------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | | | |
|--|--------------------|--|----------------------------|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Email Address | Date of Birth – mm/dd/yyyy |
| Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married | | Date of Termination – mm/dd/yyyy | |
| Name of Last PERSI Employer | | Effective Retirement Date - mm/01/yyyy | |

| Retirement Benefit Payment Options |
|---|
| <input type="checkbox"/> Check here if this is a change from a previous application for retirement. |
| Choose one option and check the appropriate box. Regular Retirement, Option 1 and Option 2 are available to all retiring PERSI members. |
| <input type="checkbox"/> Regular Retirement. A regular benefit payment based on my life only and terminating at my death with no further benefit payment. |
| <input type="checkbox"/> Option 1 – 100% Contingent Annuitant. A reduced benefit payment to me as long as I live, and then the same benefit payment to my surviving contingent annuitant as long as he or she lives. |
| <input type="checkbox"/> Option 2 – 50% Contingent Annuitant. A reduced benefit payment to me as long as I live, and then one-half of the benefit payment to my surviving contingent annuitant as long as he or she lives. |
| Option 3, Option 4A, and Option 4B are only available to retiring PERSI members who have not reached Social Security Full Retirement Age (SSFRA)—age 65 to 67, depending on birthdate. Members must also complete form RS127, <i>Member Social Security Quote Certification</i> , to select one of these options. |
| <input type="checkbox"/> Option 3 – Member Lifetime Only. An increased benefit payment until Social Security Full Retirement Age (SSFRA) and a reduced benefit payment thereafter. The after-SSFRA benefit payment will be my initial PERSI benefit payment less the Social Security estimate increased by Cost of Living Adjustments (COLAs). |
| <input type="checkbox"/> Option 4A – 100% Contingent Annuitant. A reduced Option 3 benefit payment to me as long as I live, and then the same benefit payment to my surviving contingent annuitant as long as he or she lives. |
| <input type="checkbox"/> Option 4B – 50% Contingent Annuitant. A reduced Option 3 benefit payment to me as long as I live, and then one-half of the benefit payment to my surviving contingent annuitant as long as he or she lives. |

| Contingent Annuitant Selection (complete only if Option 1, 2, 4A, or 4B are selected) | | | |
|---|--------------------|-------|----------------------------|
| Name – First, Middle, Last | | | Social Security Number |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Relationship to Member | | | Date of Birth - mm/dd/yyyy |



Application for Retirement (continued)

| | |
|--|-------------------------------|
| Member Name – First, Middle, Last | Social Security Number |
|--|-------------------------------|

Member Acknowledgment

I have been provided an estimate of the dollar values of the retirement allowances available to me and chosen the retirement allowance indicated above. I understand that I can change my retirement option only by notifying PERSI in writing no later than five business days after the receipt of my first retirement benefit payment. After this period, I cannot change options after I retire unless either I was (1) not married at the time of my retirement or (2) I elected a contingent annuitant (CA) option, named my spouse as CA, and my spouse predeceased me. Under either of these circumstances, if I later marry, I can choose a CA option at that time and name my spouse as CA no later than one year after marriage.

If I selected Option 1, 2, 4A, or 4B, I appoint the individual named as my contingent annuitant to receive an allowance after my death.

I further acknowledge that in order to process my retirement application, PERSI will contact my current employer to confirm my separation from service and, to the extent my permission for such contact is required by law, I hereby give such consent.

| | |
|------------------|--------------------------|
| Signature | Date – mm/dd/yyyy |
|------------------|--------------------------|

Notary Public for Member

| | |
|---|-------------|
| State of _____, County of _____ On this _____ day of _____, _____, before me _____, a notary public, personally appeared _____, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same. | Seal |
| Notary Public Signature | |
| My Commission Expires On | |

Spouse Acknowledgment (required if married)

I am the spouse of the member named above. I understand and give my consent to the retirement option and contingent annuitant (if named) indicated above.

| | |
|-----------------------------------|--------------------------|
| Name – First, Middle, Last | |
| Signature | Date – mm/dd/yyyy |

Notary Public for Spouse

| | |
|---|-------------|
| State of _____, County of _____ On this _____ day of _____, _____, before me _____, a notary public, personally appeared _____, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same. | Seal |
| Notary Public Signature | |
| My Commission Expires On | |

About Form RS121

Instructions

- 1 Complete the form and sign in blue or black ink.
 - Do not use correction fluid (whiteout) on this form to correct errors, start over with a new form.
- 2 Complete the **Member Information** and **Retirement Benefit Payment Options** sections.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, prior to submitting your retirement application.
 - When choosing an **Effective Retirement Date**, you must use the first day of your chosen month *and* your effective date must occur no later than six months from the date you sign and submit this form. PERSI cannot accept a retirement application with an effective date more than six months in the future.
 - If you are not yet Social Security Full Retirement Age (SSFRA)—age 65 to age 67 or older, depending on your birthdate—you may choose from all Retirement Options.
 - If you choose Option 3, 4A, or 4B, you are also required to complete form RS127, *Member Social Security Quote Certification*, to verify that you want to use a Social Security quote to calculate your benefit.
 - If you have achieved the Social Security Full Retirement Age—age 65 to 67 or older, depending on your birthdate—you may only choose from the Regular Retirement Option or Options 1 and 2. Options 3, 4A, and 4B are **not** available to you.
Note: To verify your Social Security Full Retirement Age, please contact the Social Security Administration or go to the Social Security Administration website at: <http://www.ssa.gov>.
- 3 If you choose Option 1, 2, 4A, or 4B, complete the **Contingent Annuitant Selection** section to name the individual who is to receive your benefit payment after your death. Attach a certified copy of the contingent annuitant's birth certificate and Social Security card.
- 4 Complete the **Member Acknowledgment** section before a Notary Public. Have the Notary Public complete the **Notary Public for Member** section.
- 5 If you are married, your spouse must complete the **Spouse Acknowledgment** section before a Notary Public, regardless of your retirement option selection. Have the Notary Public complete the **Notary Public for Spouse** section.
- 6 Attach a copy of your non-expired, government-issued photo ID (e.g., a current driver's license, passport, or state ID card).
- 7 Keep a copy for your records and send the original, completed form and all attachments to PERSI.

Benefit Payment Information

- Retirement becomes effective the first day of the month that you choose.
- Regardless of the option you choose, the balance of your account will be paid to your beneficiary in the event of your death if the total of payments to you and your contingent annuitant are less than your accumulated contributions and interest at the time of retirement.
- A "pop-up" provision in the contingent annuitant benefit payment options converts an Option 1 or Option 2 benefit payment to an unreduced benefit payment if your contingent annuitant dies first. This feature applies only if your final contributions from salary were on or after July 1, 1992, and your retirement was effective October 1, 1992, or later.

Effects of Reemployment on Retirement Benefits

- If you decide to return to work in the public sector after your retirement, it may affect your retirement benefits. Read PERSI's *Working After Retirement* flyer to understand the effects of reemployment on your benefits.
- If you are a retired school teacher or administrator and decide to return to work under the provisions of Idaho Code 59-1356(4), read PERSI's *Working After Retirement: Teachers & Administrators* flyer to understand how this decision can affect your retirement benefits.

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Member Social Security Quote Certification

Purpose of the Form

- Use this form to verify that you want to use a quote from the Social Security Administration in calculating your retirement benefit under one of PERSI's Social Security retirement options.

Instructions

- Complete the form in blue or black ink and attach a copy of your Social Security quote.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.
- Complete the **Member Acknowledgment** section before a Notary Public—be sure to print the quoted amount by hand in the space provided. Have the Notary Public complete the **Notary Public for Member** section.
- Send the form and Social Security quote to PERSI.

| Member Social Security Number | Member PERSI ID Number* |
|-------------------------------|-------------------------|
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | |
|----------------------------|--|
| Name – First, Middle, Last | Anticipated Retirement Date – mm/01/yyyy |

Member Acknowledgment

I have obtained a Social Security quote from the Social Security Administration and given it to PERSI for use in calculating my Social Security retirement benefit under one of PERSI's Social Security retirement options. By signing this form, I certify and acknowledge the following:

- This quote, provided to PERSI, consists solely of my information from the Social Security Administration.
- I understand that the quoted amount is an estimate and that the actual amount I receive from Social Security at my Social Security Full Retirement Age (SSFRA) may be different.

The quoted amount for my Social Security benefit at SSFRA is \$ _____ (please print by hand).

- I realize that PERSI will apply an actuarially-determined multiplier to the quoted amount to determine my SSFRA amount, and thus my PERSI benefit under my chosen retirement option.
- I authorize PERSI to use the anticipated PERSI retirement date listed above and the amount given in my Social Security quote to calculate my Social Security retirement benefit.
- I accept responsibility for any impact an inflated or inaccurate quote may have on my PERSI retirement benefit based on the retirement option I have chosen.
- I am aware that drawing my Social Security retirement benefit prior to reaching my actual SSFRA will result in a reduced Social Security benefit that will not be reflected in my PERSI retirement benefit.
- I recognize that choosing one of PERSI's Social Security retirement options will increase my PERSI benefit payments until I reach SSFRA and reduce (or even eliminate) my PERSI benefit payments thereafter.

I will not hold PERSI responsible for the quoted amount or its effect on my retirement benefit.

| | |
|-----------|-------------------|
| Signature | Date – mm/dd/yyyy |
|-----------|-------------------|

Notary Public for Member

State of _____, County of _____

On this _____ day of _____, _____, before me _____, a notary public,

personally appeared _____, personally known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he/she executed the same.

Notary Public Signature

My Commission Expires On



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Direct Deposit Authorization

Purpose of the Form

- Use this form to authorize direct deposit of your PERSI benefit payments to a financial institution.

Instructions

- 1 Complete the form and sign in blue or black ink. A designated representative may sign if PERSI has a valid RS113 *PERSI Durable Limited Power of Attorney* on file.
- 2 Attach a **voided personal check** containing your imprinted name and address *OR* a **letter**, on bank letterhead and signed by an authorized bank representative, that lists your name, confirms the account as active, provides the account type (checking or savings), and lists the routing and account numbers.
- 3 Send the completed form to PERSI.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

Changing Accounts

- Consider maintaining accounts at both your old and new financial institutions until the transaction is complete (that is, until the new financial institution receives its first benefit payment). The change you are requesting could take up to 30 days to become effective.

| | |
|-------------------------------|-------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

Member Information

| | | | |
|--|--------------------|---------------|----------|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Email Address | |

Financial Institution Information

| | | |
|---------------------------------|--|---|
| Financial Institution Name | | |
| Account Information (check one) | <input type="checkbox"/> Checking (Attach a voided check for this account.) | <input type="checkbox"/> Savings (Attach a document that shows the routing number of the financial institution and the account number of the savings account.) |

Member Acknowledgment

PERSI is authorized and directed to deposit the net amount of my benefit payments by electronic funds transfer directly to my account at the financial institution named above. This supersedes any previous instructions until canceled by me in writing.

I authorize and direct the financial institution to immediately refund any overpayments to PERSI (including any benefit payments made on or after my death), and to charge the same to the named account. PERSI's certification of overpayment shall be sufficient evidence of an overpayment. If the funds remaining in the account are not sufficient to permit the financial institution to fully refund overpayments, I authorize and direct the financial institution to provide to PERSI all information related to the account, including transactions since the first of the month in which my death occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account.

I agree that jurisdiction over any collection actions related to the recovery of any funds transferred to the designated account by PERSI will be exclusively in the courts of the State of Idaho.

| | |
|-----------|-------------------|
| Signature | Date – mm/dd/yyyy |
| | |



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Federal and Idaho Tax Withholding

Purpose of the Form

- Use this form to indicate your withholdings from your PERSI benefit payment for federal and/or Idaho taxes.

Instructions

- Read **About RS322**, attached.
- For more information on withholding and allowances, refer to the IRS and Idaho State Tax Commission websites.

Note: If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

| | |
|-------------------------------|-------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | | | |
|--|--------------------|-----------------------------|----------|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Effective Date – mm/dd/yyyy | |

| Federal Tax Withholding Options (choose one) | |
|---|--|
| <input type="checkbox"/> No change from prior federal tax withholding election. <input type="checkbox"/> Do not withhold federal tax. <input type="checkbox"/> Withhold a flat amount or fixed percentage each month for federal tax. <input type="checkbox"/> Flat amount: \$ _____ <input type="checkbox"/> Fixed percentage: _____ % <input type="checkbox"/> Calculate my monthly federal tax withholding using IRS tax tables, and withhold that amount each month for federal tax. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married at single rate Number of allowances: _____ Optional: Withhold the calculated amount plus \$ _____ for federal tax. | |

| State of Idaho Tax Withholding Options (choose one) | |
|---|--|
| <input type="checkbox"/> No change from prior Idaho tax withholding election. <input type="checkbox"/> Do not withhold Idaho tax. <input type="checkbox"/> Withhold a flat amount or fixed percentage each month for Idaho tax. <input type="checkbox"/> Flat amount: \$ _____ <input type="checkbox"/> Fixed percentage: _____ % <input type="checkbox"/> Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month for Idaho tax. <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Married at single rate Number of allowances: _____ Optional: Withhold the calculated amount plus \$ _____ for Idaho tax. | |

| Member Acknowledgment | |
|-----------------------|-------------------|
| Signature | Date – mm/dd/yyyy |
| | |



About Form RS322

Instructions

- 1 Complete this form in blue or black ink.
 - For more information on withholding and allowances, refer to the IRS and Idaho State Tax Commission websites.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.
- 2 Send the completed form to PERSI.

Notes About Withholding

- Generally your PERSI benefit is taxable income. You can have federal and/or Idaho taxes withheld from your monthly PERSI benefit.
- You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.
- Idaho tax withholding from your PERSI benefit is optional.
- The withholdings you indicate on this form replace your current withholdings.



Release of Information

Purpose of the Form

- Use this form to authorize PERSI to release information pertaining to your accounts and benefits to named individuals.
- Note:** The authorization that you provide on this form is valid until you notify PERSI in writing to revoke it.

Instructions

- Complete the form in blue or black ink.
- Send the completed form to PERSI.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

| | |
|--------------------------------------|--------------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | | | |
|--|--------------------|---------------|----------|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Email Address | |

| Individuals to Whom Information May be Released | | | |
|---|--------------------|--------------------------------|----------|
| Name – First, Middle, Last | | Organization Name | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | Email Address | Fax Number (include area code) | |

| | | | |
|--|--------------------|--------------------------------|----------|
| Name – First, Middle, Last | | Organization Name | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | Email Address | Fax Number (include area code) | |

| | | | |
|--|--------------------|--------------------------------|----------|
| Name – First, Middle, Last | | Organization Name | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | Email Address | Fax Number (include area code) | |

| Member Authorization | |
|---|-------------------|
| I authorize PERSI to release any and all information pertaining to my account(s), including benefits to which I am or may become entitled to in the future, to the individuals listed above. I further authorize PERSI staff to discuss my account(s) and benefits with these same individuals. | |
| Signature | Date – mm/dd/yyyy |



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Beneficiary Designation

Purpose of the Form

- Use this form to designate beneficiaries to receive your PERSI Base Plan and Choice 401(k) Plan death benefits.
- Note:** For purposes of your death benefits, the designation(s) in this form supersede all other arrangements, and will be honored regardless of those arrangements, including a last will and testament or trust document. However, death benefits are still subject to community property law.

Instructions

- Read **About Form RS115**, attached.

Note: If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.

| | |
|-------------------------------|-------------------------|
| Member Social Security Number | Member PERSI ID Number* |
| | |

* A PERSI ID is only required for members with multiple PERSI accounts.

| Member Information | | | |
|--|--------------------|---------------|--|
| Name – First, Middle, Last | | | |
| Mailing Address | Street or P.O. Box | | |
| | City | State | Zip Code |
| Daytime Phone Number (include area code) | | Email Address | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married |

| Primary Beneficiary or Beneficiaries | | | | | |
|--------------------------------------|----------------------------------|---------------|---------------------|-----------|---|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |

| Secondary Beneficiary or Beneficiaries | | | | | |
|--|----------------------------------|---------------|---------------------|-----------|---|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | .0% | <input type="checkbox"/> Check this box and go to page 2. |

| Member Acknowledgment | |
|---|-------------------|
| I understand the instructions and information under "About Form RS115." I revoke all previous PERSI beneficiary designations and request that any PERSI benefits payable after my death be made as indicated herein. I may change this designation by filing a new form. This designation applies to my PERSI Base and Choice 401(k) Plan accounts. | |
| Signature | Date – mm/dd/yyyy |



Beneficiary Designation (continued)

| | |
|-----------------------------------|------------------------|
| Member Name – First, Middle, Last | Social Security Number |
|-----------------------------------|------------------------|

Custodian Nominations for Minor Beneficiaries under the Idaho Uniform Transfers to Minors Act

- Use this section to nominate custodians and substitute custodians for minor beneficiaries under the Idaho Uniform Transfers to Minors Act. Attach a copy of this page if nominating custodians for more than 4 minor beneficiaries.

Instructions

- Write the minor beneficiary's name in the top box.
- Write the custodian's name, Social Security number, address, and telephone number in the appropriate boxes. You can nominate a substitute custodian to serve in the event the nominated custodian is unable. List each minor beneficiary separately, even if you are nominating the same custodian for all minor beneficiaries.

| | | | |
|--------------------------------|--|-------------------------------|--|
| Minor Beneficiary Name: | | | |
| Custodian Information | | Substitute Information | |
| Name: | | Name: | |
| SSN: | | SSN: | |
| Address: | | Address: | |
| City, St, Zip: | | City, St, Zip: | |
| Telephone: | | Telephone: | |

| | | | |
|--------------------------------|--|-------------------------------|--|
| Minor Beneficiary Name: | | | |
| Custodian Information | | Substitute Information | |
| Name: | | Name: | |
| SSN: | | SSN: | |
| Address: | | Address: | |
| City, St, Zip: | | City, St, Zip: | |
| Telephone: | | Telephone: | |

| | | | |
|--------------------------------|--|-------------------------------|--|
| Minor Beneficiary Name: | | | |
| Custodian Information | | Substitute Information | |
| Name: | | Name: | |
| SSN: | | SSN: | |
| Address: | | Address: | |
| City, St, Zip: | | City, St, Zip: | |
| Telephone: | | Telephone: | |

| | | | |
|--------------------------------|--|-------------------------------|--|
| Minor Beneficiary Name: | | | |
| Custodian Information | | Substitute Information | |
| Name: | | Name: | |
| SSN: | | SSN: | |
| Address: | | Address: | |
| City, St, Zip: | | City, St, Zip: | |
| Telephone: | | Telephone: | |

About Form RS115

Instructions

- 1 Complete the form and sign in blue or black ink.
 - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.
- 2 Use whole percentages only.
- 3 If more space is needed, attach an additional signed and dated sheet of paper.
- 4 If any designated beneficiary is a minor, complete page 2 if you choose to nominate an adult custodian to receive the funds for the minor. PERSI cannot pay a death benefit directly to a minor beneficiary.
- 5 Send the form to PERSI.

Note: The form is not valid unless signed, dated, and on file with PERSI.

Types of Beneficiaries

- **Primary beneficiary or beneficiaries.** The first person or persons to receive death benefits when you die. If you select one person only, he or she receives 100% of the benefits.
- **Secondary beneficiary or beneficiaries.** Person or persons to receive death benefits if no primary beneficiary or beneficiaries are alive when you die.
- **Default beneficiary.** If PERSI does not have a beneficiary designation on file, death benefits are paid by law to the following: (1) To your surviving spouse. (2) If you have no surviving spouse, to your estate. If you agree with this default distribution and you have not previously submitted a beneficiary designation form, you do not need to designate a beneficiary or submit this form. However, payment of death benefits could be delayed if PERSI has no designation on file.

Notes About Designating Beneficiaries

- For purposes of your death benefits, the designation(s) in this form supersede all other arrangements, and will be honored regardless of those arrangements, including a last will and testament or trust document. However, death benefits are still subject to community property law.
- Percentages must be in whole numbers. Do **not** use partial numbers. For example, use 33% not 33⅓%.
- Choose your beneficiaries carefully. Your PERSI funds might be your largest financial asset.
- If you select two or more people as primary or secondary beneficiaries, indicate what percentage each is to receive (the percentages must equal 100%).
- You must list your children separately.
- If you are designating one or more minors as beneficiary, you should specify how you want your death benefit transferred if you die before the beneficiary reaches legal age of majority. PERSI cannot disburse the money to a minor, so if you don't nominate a custodian on this form, a court may have to appoint an adult to serve as conservator of the funds. This form provides an easy and inexpensive way to transfer death benefits to a minor through the Idaho Uniform Transfers to Minors Act (UTMA). This law enables you to nominate a custodian, and substitute custodian, for your minor beneficiary, and authorizes PERSI to pay your death benefit to the custodian. To nominate a custodian for a minor beneficiary, fill out page 2 of this form.
- If you use the UTMA to nominate a custodian for your minor beneficiary, be aware that the legal age of majority under the UTMA is 21, even though the statutory age of majority in Idaho is 18. If you die before your beneficiary is 21 years of age, the money will go to and remain in the custodian's care until the beneficiary reaches age 21.
- Always provide full names (Mary Elizabeth Smith, **not** Mary Smith). For a married woman, use her full name (Mary Elizabeth Smith, **not** Mrs. Bob Smith). Include the relationship to you.
- This beneficiary designation is for PERSI Base Plan and Choice 401(k) Plan death benefits **only**. Any designations you make for a will or an insurance policy do not substitute for the PERSI beneficiary designation.
- Submit a new *Beneficiary Designation* (RS115) to PERSI if your marital status changes.
- Complete a *Member Name Change* (RS111) if your name changes. If you are an active member, (working for a PERSI employer and making contributions) give the form to your payroll clerk. If not, send the form to PERSI.
- You can change your designations at any time by submitting a new *Beneficiary Designation* (RS115) to PERSI.
- If you make an error, initial and date any corrections.

Minor Children, Trusts, Wills, and Charities as Beneficiaries

- **Minor children.** To designate a minor child as a primary or secondary beneficiary, you should consider transferring the money to a custodian for the child under the provisions of the Idaho Uniform Transfers to Minors Act (UTMA). Using PERSI form RS115 page 2 meets the UTMA requirements.
- **Trusts.** If you want to designate your Living Trust, show the date of the trust agreement and the name(s) of the Trustee(s). If a bank or trust company is the Trustee, attach a separate document containing the Trustee's address. Provide PERSI with a copy of the trust's registration, if available. The trust must have a tax ID number.
- **Wills.** Write "the Executor of my Estate" or "the Administrator of my Estate" to designate your estate as beneficiary. Do not name the executor, because the executor will be appointed later by the court.
- **Charities.** You can name a specific charity as beneficiary. For more information about payment of death benefits to charities, PERSI recommends that you consult with a qualified attorney.

Example 1

| Primary Beneficiary or Beneficiaries | | | | | |
|--------------------------------------|----------------------------------|---------------|---------------------|-----------|---|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| Phillip Lee Thompson | 000-01-0011 | 07-11-1937 | Spouse | 100.0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | | <input type="checkbox"/> Check this box and go to page 2. |

| Secondary Beneficiary or Beneficiaries | | | | | |
|--|----------------------------------|---------------|---------------------|-----------|---|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| John Allen Smith | 000-08-0025 | 01-09-1997 | Son | 80.0% | <input type="checkbox"/> Check this box and go to page 2. |
| Rebecca Joan Smith | 000-02-0220 | 01-02-1958 | Sister | 20.0% | <input type="checkbox"/> Check this box and go to page 2. |

Example 2

| Primary Beneficiary or Beneficiaries | | | | | |
|--------------------------------------|----------------------------------|---------------|---------------------|-----------|--|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| Sally Jones | 000-03-0033 | 08-21-1994 | Daughter | 34.0% | <input checked="" type="checkbox"/> Check this box and go to page 2. |
| Alice Jones | 000-04-0044 | 11-14-1991 | Daughter | 33.0% | <input checked="" type="checkbox"/> Check this box and go to page 2. |
| Andrew Jones | 000-05-0055 | 02-29-1987 | Son | 33.0% | <input type="checkbox"/> Check this box and go to page 2. |

| Secondary Beneficiary or Beneficiaries | | | | | |
|--|----------------------------------|---------------|---------------------|-----------|---|
| Name | Social Security or Tax ID Number | Date of Birth | Relationship to You | Benefit % | Nominate a custodian under the Idaho UTMA |
| The administrator of my estate | | | Estate | 100.0% | <input type="checkbox"/> Check this box and go to page 2. |
| | | | | | <input type="checkbox"/> Check this box and go to page 2. |



Alternate Evidence for Date of Birth

Purpose of the Form

To receive a retirement benefit, a member and the member's Contingent Annuitant must furnish satisfactory evidence of their date of birth.

PERSI requests a certified copy of a birth certificate as proof of age. PERSI will accept the following alternate evidence for this requirement.

Note: Send photocopies of the documents, not the originals. Copies cannot be returned, PERSI retains all copies for a permanent record.

- Documents must show the date of birth or age as of a specific date. Two or more items from these lists may be necessary.

Alternate Evidence for Date of Birth

Group 1 - One (1) item from this group that shows date of birth (month, day and year)

- Delayed Birth Certificate
- Military Discharge Record (DD214)
- U.S. Passport
- Certificate of Naturalization
- Certificate of Citizenship
- Census Record (from the Department of Vital Statistics, Washington, DC)

Group 2 - Two (2) items from this group; one item must show date of birth (month, day and year) and the second item may show age only

- Current Driver's License from state of residence
- Current Concealed Weapons License
- Current Military Identification
- Child's Birth Certificate (if applicant is the parent and the parent's age is shown)
- Marriage Record
- Certified copy of a birth record



Alternate Evidence for Social Security Card

Purpose of the Form

In some instances, a member and/or the member's Contingent Annuitant must furnish a copy of the Social Security Card issued by the Social Security Administration. PERSI will accept alternate evidence for these requirements as listed below.

Note: Send photocopies of the documents, not the originals. Copies cannot be returned, PERSI retains all copies for a permanent record.

- For Social Security Card Options see **Alternate Evidence for Social Security Number** below. You may request a copy of your Social Security Card directly from the Social Security Administration, either online or through a local office.

Alternate Evidence for Social Security Number

- Duplicate copy of Social Security Card issued by the Social Security Administration.
- Social Security Benefit Award Letter showing the person's **full name and full social security number**.
- Medicare Card showing the person's **full name and full social security number**.
- Government issued 1099-G showing the person's **full name and full social security number**.
- Military Discharge Record (DD214) provided the member's **full name and full social security number** appear on the record.