



# Application for Retirement

- Use this form to provide PERSI with the necessary information to process your retirement.

<b>Member Social Security Number</b>	<b>Member PERSI ID Number*</b>

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

Section 1: Member Information			
<b>Name – First, Middle Initial, Last</b>	<b>Phone Number</b> (include area code)	<b>Date of Birth – mm/dd/yyyy</b>	
<b>Mailing Address</b> (street or PO box)		<b>City</b>	<b>State</b> <b>Zip Code</b>
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married		<b>Email Address</b>	

Section 2: Retirement Information		
<b>Name of Last PERSI Employer</b>	<b>Last Day of Employment – mm/dd/yyyy</b>	<b>Retirement Date – mm/01/yyyy</b>

Section 3: Retirement Benefit Options
<p>Choose <b>one</b> of the following retirement options:</p> <p><input type="checkbox"/> <b>Regular Retirement.</b> Provides a benefit to me for my lifetime. Payments stop upon my death.</p> <p><input type="checkbox"/> <b>Option 1 - 100% Contingent Annuant.</b> 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 they live.</p> <p><input type="checkbox"/> <b>Option 2 - 50% Contingent Annuant.</b> 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 they live.</p> <p><input type="checkbox"/> <b>Option 3 - Member Lifetime Only.</b> 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).</p> <p><input type="checkbox"/> <b>Option 4A - 100% Contingent Annuant.</b> 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 they live.</p> <p><input type="checkbox"/> <b>Option 4B - 50% Contingent Annuant.</b> 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 they live.</p>

Section 4: Contingent Annuant Selection			
<i>Complete only if options 1, 2, 4A, or 4B are selected</i>			
<b>Name – First, Middle Initial, Last</b>	<b>Date of Birth – mm/dd/yyyy</b>	<b>Social Security Number</b>	<b>Relationship to Member</b>
<b>Mailing Address</b> (street or PO box)	<b>City</b>	<b>State</b>	<b>Zip Code</b>





### Instructions

- 1 Complete this form in dark ink.
- 2 If you make an error, cross out the error and initial next to the correction.

### Submission Requirements

As you prepare for retirement, PERSI requests that you complete and submit the *Application for Retirement* along with all required documents no earlier than six (6) months and no later than thirty (30) days prior to your retirement date. Failure to timely submit a complete *Application for Retirement* and all required documentation may result in your retirement benefit being delayed.

### Required Documentation

- 1 A copy of your non-expired, government-issued photo-ID.
- 2 Proof of the applicant's age and Social Security number (one item from **List A**, or one item each from **List B** and **List C**, below).
- 3 If retirement option 1, 2, 4A, or 4B is selected, proof of the Contingent Annuitant's age and Social Security number (one item from **List A**, or one item each from **List B** and **List C**, below).

<b>List A</b> Documents that establish date of birth and social security number	<b>Or</b>	<b>List B</b> Documents that establish date of birth	<b>And</b>	<b>List C</b> Documents that establish social security number
Current Driver's License or ID Card issued by the state of residence in compliance with the Real ID Act		Current Driver's License or ID Card issued by the state of residence		Social Security Card
US Passport or US Passport Card		Birth Certificate		Government-issued 1099 showing your full name and social security number (from within last two years)
Military Discharge Record (DD214) showing your full name and social security number		Certificate of Naturalization or Citizenship		W-2 showing your full name and social security number (from within last two years)

### Section 1: Member Information

- 1 Complete all demographic fields for this section.
- 2 PERSI must review the final divorce decree for all divorces that occurred while you were a PERSI member and require a division of your retirement account.

### Section 2: Retirement Information

- 1 Include the name of your last PERSI employer and your last day of employment.
- 2 Your retirement date will always be the first day of a month. Usually, this is the first day of the month following your last day of employment. If you defer starting your retirement or leave employment prior to being age-eligible for retirement benefits, your retirement date will be the first day of the month you choose to begin receiving retirement benefits.

### Section 3: Retirement Benefit Options

- 1 Select only one retirement option.
- 2 If you select option 3, 4A, or 4B, you must also submit form RS127, *Social Security Quote Certification*.
- 3 Your retirement option can only be changed within five (5) business days of receiving your first retirement benefit.
- 4 You can meet with a PERSI Retirement Counselor to better understand your options. To schedule an appointment, contact the PERSI Answer Center at 208-334-3365.

**Section 4: Contingent Annuitant Selection**

- If you selected retirement option 1, 2, 4A, or 4B, fill out the demographic information fields. This is the individual that you appoint to receive a continuation of your retirement allowance following your death.

**Section 5: Signatures**

- 1 This section must be signed before a notary.
- 2 Once you have read and understand the certification, sign in the left column. If you are married, your spouse must sign in the right column.

**Section 6: Notary**

- This section must be filled out by a notary. The notary's stamp must be visible.

**Section 7: Member Acknowledgment**

- 1 By signing, you acknowledge that you are applying for retirement benefits and you understand that PERSI will contact your employer to confirm your termination of employment. You acknowledge that your retirement benefit will not begin until you have terminated all employment with employers participating in the PERSI, FRF, JRF, and ORP retirement plans.
- 2 You understand that if you return to work for a PERSI employer in a PERSI-eligible capacity, your retirement benefits will be suspended. As such, it is advised that you contact PERSI prior to returning to work for an employer participating in PERSI.