

• Complete the forms in this kit to apply for PERSI retirement up to six (6) months prior to your retirement date.

## Instructions

- **1** 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.
- **2** Complete these forms in dark ink.
- **3** If you make an error, cross out the error and initial next to the correction.

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

Member Social Security Number	Member PERSI ID Number*			*			
					* A PERSI ID is only required for members with multiple PERSI accounts.		
Section 1: Member Information							
	Section	1: Memo				1	
Name - First, Middle Initial, Last       Phone Number (include area code)       Date of Birth - mm/dd/yyyy							
Mailing Address (street or PO box)     City					State	Zip Code	
Marital Status	Email Addro	ess					
Single Married							
	Section 2	: Retiren	nent Infor	mation			
Name of Last PERSI Employer		Last Day o	of Employme	nt – mm/dd	/уууу Г	Retirement	Date – mm/01/yyyy
5	Section 3:	Retireme	ent Benefit	t Options			
Choose one of the following retirement	options:						
Regular Retirement. Provides a be	enefit to m	e for my li	fetime. Pay	/ments sto	p upon m	y death.	
<b>Option 1 - 100% Contingent Annuitant</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.							
<b>Option 2 - 50% Contingent Annuitant</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.							
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).							
<b>Option 4A - 100% Contingent Annuitant</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.							
<b>Option 4B - 50% Contingent Annuitant</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.							
Section 4:Contingent Annuitant Selection Complete only if options 1, 2, 4A, or 4B are selected							
Name – First, Middle Initial, Last	Date o	f Birth – mr	n/dd/yyyy	Social Sec	urity Numb	er Re	lationship to Member

Mailing Address (street or PO box)

City



Zip Code

State

Aŗ	plication for Retire	ement (continued)					
Member Name – First, Middle, Last		Social Security Number					
	Section 5: S Must be signed in the p	5					
For completion by the applicant at the retirement.	he time of	For completion by applicant's spouse at the time of retirement.					
As an applicant for PERSI benefits, I consent to receive retirement benefits based on the retirement option selected above and acknowledge that I have been provided an estimate of the dollar values of the retirement allowances available to me under that retirement option. I understand		As the spouse of the named applicant, I consent to my spouse's decision to receive benefits under the designated retirement option, including the named contingent annuitant.					
that I can only change my retirement option within five (5) business days of receiving my first retirement benefit payment. If I selected option 1, 2, 4A, or 4B, I appoint the named individual to receive a continuation of my retirement allowance following my death.		Retirement OptionCA Name, if designated above (please print)I understand that I will not be entitled to survivor benefits unless I have been listed on the final retirement application as a contingent annuitant for retirement options 1, 2, 4A, or 4B.					
Applicant Name (please print)	Date – mm/dd/yyyy	Spouse Name (please print)	Date – mm/dd/yyyy				
Applicant Signature		Spouse Signature					
Section 6: Notary							
State of Seal							
County of							
Signed and sworn to (or affirmed) before	e me by						
Applicant Name (please print) Spo	use Name, if married (plea						

on this \_\_\_\_\_

Notary Public Signature

My Commission Expires On

day of

## Notary stamp must be visible.

#### Section 7: Member Acknowledgment

I am hereby applying for retirement benefits as indicated above. I acknowledge that in order to process my retirement, PERSI will contact my current employer(s) to confirm my separation from service and, to the extent my permission for such contact is required by law, I give such consent and I acknowledge that my retirement benefits will not begin until I have terminated all employment with employers participating in the PERSI, FRF, JRF, or ORP retirement plans. 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. I also understand that I should contact PERSI prior to returning to work for a PERSI employer, because it may lead to suspension of my retirement benefit. I certify that the information contained herein is true and correct to the best of my knowledge.

Signature	Date – mm/dd/yyyy		

**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).

List A Documents that establish date of birth and social security number	Or	List B Documents that establish date of birth	And	List C 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.



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

## Instructions

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

Member Social Sec	urity Number						
Member Information							
Name – First, Middle, Last							
Mailing Address (street or	PO box)		City	S	tate Zip Co	de	
Phone Number (include ar	ea code)		Email Address				
			PERSI accounts to w				
My retirement ben	efit 🔲 Contin	gent annuitant/surv	vivor benefit 🛛 Al	ternate payee	benefit		
Pine sint Yes alter alter alter		Direct Depos	it Information		and Neverlage		
Financial Institution Nam	le		Routing Number	Acco	unt Number		
Account Type	Checking	□ Savings					
			BY A REPRESENTATI				
THAT LISTS YOUR	R ROUTING AND A	CCOUNT NUMBERS.	(DO NOT INCLUDE A	COPY OF A DIR	ECT DEPOSIT S	SLIP)	
	John and Jane Retiree 1234 Main St.			1025			
	Denver, CO 80203		DATE				
	PAY TO THE ORDER OF			6			
				DOLLARS	*		
			1025				
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. I understand that this change could take up to 30							
days to become effective and that change requests received by PERSI after the 14th of the month will not be in effect for the current month. 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. 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 cour	rts of the State of	Idaho.					
Signature				Date – mm/dd/y	уууу		



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# State of Idaho Tax Withholding

• Use this form to indicate your withholdings from your PERSI benefit payment State of Idaho taxes.

## Instructions

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

	Member Social Security Number								
		Member Infor	nation						
Na	Name – First, Middle, Last								
Ма	Mailing Address (street or PO box) City State Zip Code								
	,								
Da	ytime Phone Number (include area code)	Email Address							
	Withholding Accounts (select all PERSI accounts to which this form will apply)								
	My retirement benefit 🛛 Contir	ngent annuitant/survivor	penefit 🔲 Alterr	nate payee benefit					
	State of Idaho Tax Withholding Options (choose one)								
	No change from prior Idaho tax with	nnolding election. (Only a		enent recipients.)					
ΙШ	Do <b>not</b> withhold Idaho tax.								
	Withhold a flat amount or fixed percent	centage each month for I	daho tax.						
	□ Flat amount: \$ □ Fixed percentage: %								
	Calculate my monthly Idaho tax withholding using Idaho tax tables, and withhold that amount each month for Idaho tax.								
	□ Married □ Single □ Married at single rate								
	Notes About Withholding								
•	<ul> <li>Generally, your PERSI benefit is taxable income. You may choose to have Idaho taxes withheld from your monthly PERSI benefit. For more information, please contact the Idaho State Tax Commission.</li> </ul>								
•	<ul> <li>You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate.</li> </ul>								
٠	The withholdings you indicate on this form will replace your current withholdings.								
	Member Acknowledgment								
Sig	nature		Dat	e – mm/dd/yyyy					

