



Retirement Application Kit

- 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.

This page intentionally left blank



Application for Retirement

- 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			
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 <input type="checkbox"/> Single <input type="checkbox"/> Married		Email Address	

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

Section 3: Retirement Benefit Options
<p>Choose one of the following retirement options:</p> <p><input type="checkbox"/> Regular Retirement. Provides a benefit to me for my lifetime. Payments stop upon my death.</p> <p><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 they live.</p> <p><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 they live.</p> <p><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).</p> <p><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 they live.</p> <p><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 they live.</p>

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



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).

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.



Direct Deposit Authorization

- 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 Security Number

Member Information			
Name – First, Middle, Last			
Mailing Address (street or PO box)	City	State	Zip Code
Phone Number (include area code)	Email Address		

Direct Deposit Source Accounts (select all PERSI accounts to which this form will apply)		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Contingent annuitant/survivor benefit	<input type="checkbox"/> Alternate payee benefit

Direct Deposit Information		
Financial Institution Name	Routing Number	Account Number
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

YOU MUST ATTACH A VOIDED CHECK OR A LETTER SIGNED BY A REPRESENTATIVE OF YOUR FINANCIAL INSTITUTION THAT LISTS YOUR ROUTING AND ACCOUNT NUMBERS. (DO NOT INCLUDE A COPY OF A DIRECT DEPOSIT SLIP)



Member Acknowledgment	
<p>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 courts of the State of Idaho.</p>	
Signature	Date – mm/dd/yyyy



This page intentionally left blank



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 Information			
Name – First, Middle, Last			
Mailing Address (street or PO box)		City	State
Daytime Phone Number (include area code)		Email Address	

Withholding Accounts (select all PERSI accounts to which this form will apply)		
<input type="checkbox"/> My retirement benefit	<input type="checkbox"/> Contingent annuitant/survivor benefit	<input type="checkbox"/> Alternate payee benefit

State of Idaho Tax Withholding Options (choose one)	
<input type="checkbox"/> No change from prior Idaho tax withholding election. (Only available to current benefit recipients.)	
<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: _____

Notes About Withholding	
<ul style="list-style-type: none"> • 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. • You are liable for the payment of taxes, interest, and penalties if your estimated tax and withholding payments are not adequate. • The withholdings you indicate on this form will replace your current withholdings. 	

Member Acknowledgment	
Signature	Date – mm/dd/yyyy

