



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



Application for Retirement (continued)

Member Name – First, Middle, Last

Social Security Number

Section 5: Signatures*Must be signed in the presence of a notary***For completion by the applicant 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 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.

For completion by applicant's spouse at the time of retirement.

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.

Retirement Option _____ CA 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 _____

County of _____

Signed and sworn to (or affirmed) before me by

Applicant Name (please print) & Spouse Name, if married (please print)

on this _____ day of _____, _____.

Notary Public Signature

My Commission Expires On

Seal

*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

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.