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

1 Complete the form in blue or black ink and attach a copy of your Social Security quote.
  - The attached quote must have been generated within one year of your anticipated retirement date.
  - If your address has changed, you must submit form RS110, *Member Mailing Address Change*, with this form.
2 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.
3 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 and was generated within one year of my anticipated retirement date.
- 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.

Seal

Notary Public Signature

My Commission Expires On