



Application for MERF Division Retirement Benefits



Instructions: PLEASE PRINT. All applications must be completed in black ink and signed by the MERF Division member (and spouse if married) before a notary public. Any alteration of the information you provide on page 1 of this application (white out, erasure, cross out, etc.) will invalidate this form.

PART A—MEMBER INFORMATION:

Name—Last, First, Middle Initial			Social Security Number (last 4 digits) XXX – XX – ____
Address			Birth Date—Month, Day, Year
City	State	Zip	PERA ID Number (if known)
Phone No.		Termination Date—Month, Day, Year	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <i>(Proceed to Part B)</i>	Spouse's Name		
	Spouse's Social Security Number ____-____-____		Spouse's Birth Date—Month, Day, Year
	Spouse's Address, if different—Street, City, State, and Zip Code		

If married, state law requires that a copy of this completed application be mailed to your spouse under separate cover.

Part B—BENEFIT SELECTION: Check (✓) only one box to indicate your retirement selection

Instructions: Your benefit selection becomes irrevocable once PERA issues your first payment.

PERA cannot issue a benefit payment until we have substantiated your age and identity. If you choose Options 2, 3 or 4, we will need the same information for the individual you name as your beneficiary before benefits can begin. See Page 4 for a list of acceptable documents.

☐ **Single-Life Annuity**—Annuity ends upon death of member. No benefit for family or heirs.

Optional Benefits—Instead of a Single-Life Annuity, you may choose from one of nine beneficiary options below.

- ☐ **Option 1**—Lifetime annuity for member. If member dies before receiving payment for the value of annuity at time of retirement, the balance shall be paid in a lump sum to beneficiary(ies).
- ☐ **Option 2**—Lifetime annuity for member. Upon death of member, the beneficiary shall continue with full allowance for his or her lifetime.
- ☐ **Option 2 with bounce back**—Same as Option 2, except member receives the Single Life annuity if the designated beneficiary dies before the member.
- ☐ **Option 3**—Lifetime annuity for member. Upon death of member the beneficiary shall continue with one half of the allowance for that individual's lifetime.
- ☐ **Option 3 with bounce back**—Same as Option 3, except member receives the Single Life annuity if the designated beneficiary dies before the member.
- ☐ **Option 4, 10-Year Certain**—Lifetime annuity for member. If member dies within 10 years of retirement date the allowance will continue to the named beneficiary(ies) for the unexpired portion of the 10 year period. The member may change the beneficiary(ies) during the 10 year period and may name a principal and secondary beneficiary.
- ☐ **Option 4, Death benefit**—Lifetime annuity for member. This is a single-life option less the amount of the premium each month necessary to pay the death benefit. The member may change beneficiary(ies) any time and the death benefit is paid in a lump sum. \$ _____
- ☐ **Option 4, Special**—Other benefits elected by member, provided such benefits are of equivalent actuarial value. _____ % or \$ _____
- ☐ **Option 4, Special with bounce back**—Other benefits elected by member, provided such benefits are of equivalent actuarial value. _____ % or \$ _____

PART C—BENEFICIARIES:

Instructions: Complete this section only if you selected an option with a beneficiary.

I hereby designate the following person(s) as my beneficiary(ies) under Option 1, 2, 3, or 4.

Name:	Relationship:
Address:	Date of Birth:
City, State, Zip:	Social Security No.

Use the space below to list any additional beneficiaries. Be sure to include the distribution.

SECONDARY BENEFICIARY for Option 4, 10-Year Certain Only:

Name:	Relationship:
Address:	Date of Birth:
City, State, Zip:	Social Security No.

ADDITIONAL BENEFICIARIES

Name:	Relationship:
Address:	Date of Birth:
City, State, Zip:	Social Security No.

Name:	Relationship:
Address:	Date of Birth:
City, State, Zip:	Social Security No.

Distribution as follows: _____

PART D—FEDERAL INCOME TAX WITHHOLDING:

Instructions: Please indicate your preference for federal tax withholding. If you do not make a selection, PERA is required by law to withhold federal tax from your benefit assuming a status of married with three exemptions. Your choice of withholding will remain in effect until you change it. No matter which option you choose, you will be responsible for any taxes that are due.

CHECK (✓) ONLY ONE BOX

- ☐ 1. I do not wish to have federal tax withheld from my monthly benefit.
- ☐ 2. I wish to have federal tax withheld from my monthly benefit based on the marital status and number of withholding exemptions claimed below. *(Indicate marital status and exemptions below.)*
- ☐ 3. I wish to have a fixed amount of \$ _____ withheld from my pension each month. I understand that if this amount is less than the tax table calculation, based on the marital status and exemptions stated below, withholding will be automatically based on married with three exemptions. *(Please indicate marital status and exemptions below.)*

COMPLETE BELOW ONLY IF YOU CHECKED BOX 2 OR 3 ABOVE

Marital Status: ☐ Single ☐ Married **Exemptions:** (Check all that apply): ☐ Yourself ☐ Spouse ☐ Other (Indicate No.) _____ **TOTAL CLAIMED:** _____

PART E—MINNESOTA STATE INCOME TAX WITHHOLDING:

Instructions: Please indicate your preference for Minnesota tax withholding. If you do not make a selection, PERA will not withhold state tax. Your choice of withholding will remain in effect until you change it. PERA can withhold state income tax for Minnesota residents only. Again, no matter which option you choose, you are responsible for any taxes due.

CHECK (✓) ONLY ONE BOX

- ☐ 1. I do not wish to have Minnesota state tax withheld from my monthly benefit.
- ☐ 2. I wish to have Minnesota state tax withheld from my monthly benefit based on the marital status and number of withholding exemptions claimed below. *(Indicate marital status and exemptions below.)*
- ☐ 3. I wish to have a fixed amount of \$ _____ withheld from my pension each month.
(Indicate marital status and exemptions below.)
- ☐ 4. I wish to have a fixed percentage amount of _____ % withheld from my pension each month.

COMPLETE BELOW ONLY IF YOU CHECKED BOX 2 OR 3 ABOVE

Marital Status: ☐ Single ☐ Married **Exemptions:** (Check all that apply): ☐ Yourself ☐ Spouse ☐ Other (Indicate No.) _____ **TOTAL CLAIMED:** _____

PART F—APPLICATION FOR DIRECT DEPOSIT:

Instructions: Attach a voided check to verify information below. If you have questions concerning the information below, contact your financial institution. Payments cannot be processed without banking information.

Depositor Account Number												Type of Account	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Financial Organization												Joint Account Holders	
Name of Financial Institution												Name	
Address												Address	
City, State, Zip Code ()												City, State, Zip Code	
Telephone of Institution												Social Security Number	
Routing Number												Branch Designation (if applicable)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Complete application by signing on Page 4

ADDITIONAL APPLICATION INFORMATION

MY PERA: While MY PERA is not able to provide members of the MERF Division PERA with benefit estimates, it does provide retirees a wealth of information. Retirees can check on benefit payments, change direct deposit, view and change tax withholding, and view and download their 1099s any time they wish. The web address is www.mnpera.org.

Private Data as Required by Minn. Stat. § 353.29, Subd. 8: PERA identification number, social security number, address, birth date, marital status, survivor option designee information, spouse information, and tax information are all classified as PRIVATE data, available only to you, to the staff who must use it in the normal course of conducting PERA business, and to entities authorized by law. No private data of yours will be shared with any unauthorized person or agency without your informed written consent. If you have any questions about the data we collect, please contact the PERA office.

Termination Date: Your date of termination is the last day for which you are paid as a public employee or the day your authorized leave of absence ends. Your benefit begins the day after your termination date.

IRS Restrictions: As a 401(a) tax qualified plan, the Public Employees Retirement Association must follow benefit requirements set by the Internal Revenue Service (IRS). Among these requirements is a limitation on the total amount of annual benefits under Section 415 of the IRC (\$200,000 in 2012).

PART G—NOTARIZED SIGNATURE OF MERF MEMBER (and Spouse if married): No application will be accepted until signed and notarized**FOR COMPLETION BY MERF DIVISION MEMBER**

I have read and understand the information on this application and understand that my selection is for a retirement benefit, and that the benefit option selection cannot be changed as of the date PERA issues my first payment.

I understand that a right to retirement requires a complete and continuous separation for 30 days from employment as a public employee and from the provision of paid services to a PERA-covered employer, including services as an independent contractor or an employee of an independent contractor. In addition, there can be no written or verbal agreement prior to termination to provide services to a PERA-covered employer.

Signature of Applicant

FOR COMPLETION BY NOTARY

Subscribed and sworn to before me this

_____ Day of _____, Year _____.

Signature of Notary

Notary Public of _____ County.

My Commission Expires _____
(Seal Required)

FOR COMPLETION BY MEMBER'S SPOUSE

A married member's application will not be processed without the signature of the spouse.

I hereby acknowledge the benefit selection made by my spouse.

Signature of Applicant's Spouse

FOR COMPLETION BY NOTARY

Subscribed and sworn to before me this

_____ Day of _____, Year _____.

Signature of Notary

Notary Public of _____ County.

My Commission Expires _____
(Seal Required)

PROOFS OF AGE—A document on the following list must be submitted. Try to obtain a record established early in life. We prefer a document as high on the list as possible (birth certificate).

- | | |
|---|---|
| 1. Birth certificate | 6. Marriage certificate showing your age |
| 2. Passport | 7. Birth certificate of your child which shows age of parent |
| 3. Church record showing your birth date or age | 8. Naturalization record (citizenship paper) |
| 4. Hospital birth record | 9. Immigration record established upon arrival in the United States |
| 5. Military record | |

PROOFS OF IDENTITY—One of the documents listed below must be submitted if you have changed your name.

- | | |
|--------------------------------|---|
| 1. Certificate of marriage | 2. Church record of marriage, certified by custodian of such record |
| 3. Affidavit issued by a court | 4. Child's birth certificate showing your maiden name |

If you furnish a document that is in a foreign language, someone who is familiar with the language (other than yourself) must prepare an affidavit of translation and sign it before a notary public. The affidavit must be sent to the PERA office with the appropriate document. Documents submitted are subject to acceptance by the Board of Trustees of the Public Employees Retirement Association. While PERA will accept photo copies of these documents, we reserve the right to see the originals or certified copies.

Public Employees Retirement Association of Minnesota

60 Empire Drive, Suite 200, St. Paul MN 55103-2088



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