



Application for PERA Retirement Benefits

Instructions: PLEASE PRINT. All applications must be completed and signed in black ink 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. If you will be working under a Phased Retirement Agreement, the agreement form must accompany this application.

PART A—MEMBER INFORMATION:

Applying for Benefits by Plan Name: Check (✓) only one box. A separate application is required for each plan in which you have coverage.			<input type="checkbox"/> Coordinated and/or Basic Plan <input type="checkbox"/> Correctional Plan <input type="checkbox"/> Police and Fire Plan
Name—Last, First, and Middle Initial		Social Security Number (last 4 digits) XXX – XX – _____	
Address		Birth Date (Month, Day, Year)	
City	State	Zip	PERA ID Number
Phone No.	Termination Date	Effective Date <i>See page 4 for additional information.</i>	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <i>(If you check unmarried, proceed to Part B)</i>	Spouse's Name		
	Spouse's Social Security Number _____ - _____	Spouse's Birth Date (Month, Day, Year)	
Spouse's Address—Street, City, State, and Zip Code (if different)			

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. Please refer to your benefit estimate or visit www.mnpera.org for a full explanation of these benefit options. Your estimate will provide the dollar amount associated with each option.

In addition to this application, you must also provide your birth certificate or other proof of your age. If your name is different from that shown on your birth certificate, please enclose your marriage certificate or other document showing name change(s). If you are selecting a survivor option, we will need the same documentation for that individual. Please refer to Page 4 of this application for acceptable documents.

<input type="checkbox"/> Single-Life Benefit. Your benefit ends upon your death. No survivor benefits are payable, but a refund of any balance in your account will be paid to your designated beneficiary.
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Survivor Options—Instead of a single-life benefit, you may choose from one of four survivor options. Upon your death, these options will pay the individual you name as your survivor 25%, 50%, 75% or 100% of the benefit you are receiving. The benefits are payable for your lifetime. At the time of death, your designated survivor starts to receive a lifetime monthly benefit based on the option you select. If your survivor dies before you, your monthly payment reverts to the current single-life benefit. *(This is not a beneficiary form. This is to designate your survivor only.)*

If you wish to select a survivor option, check (✓) one of the options below and provide the requested information about your designated survivor.

<input type="checkbox"/> 25% Survivor Option.	<input type="checkbox"/> 75% Survivor Option. <i>(If you select the 75 percent survivor option, your survivor, if not your spouse, must be no more than 19 years younger than you.)</i>
<input type="checkbox"/> 50% Survivor Option.	<input type="checkbox"/> 100% Survivor Option. <i>(If you select the 100 percent survivor option, your survivor, if not your spouse, must be no more than 10 years younger than you.)</i>

Survivor's Name:	Is this your spouse? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number _____ - _____	Birth Date (Month, Day, Year)	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female

THIS APPLICATION REQUIRES YOUR NOTARIZED SIGNATURE ON PAGE 3 ACKNOWLEDGING YOUR BENEFIT CHOICE. IF YOU ARE MARRIED, THIS FORM WILL NOT BE PROCESSED UNLESS SIGNED BY YOUR SPOUSE, ALSO ON PAGE 3.

2/22/2011

PART C—TEMPORARY PRE-62 INCREASE:

Instructions: Complete only if you are under age 62 and want the temporary increase. The Temporary Increase is available to any member who retires before age 62. Under this option, a member’s Single-Life Retirement Benefit is calculated and then adjusted to provide a larger payment before age 62, and a minimum \$100 permanent reduction thereafter. Temporary pre-age 62 increases apply to a member’s benefit only; death benefits to your designee are not affected. Your estimated retirement benefits report will indicate the amount of your temporary increase.

Yes, I want my Retirement Benefit to include the Temporary Pre-62 Increase. I understand that my monthly benefit amount will decrease at age 62 by \$100, plus any post-retirement increases paid on the Temporary Increase.

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.

CHECK (✓) ONLY ONE BOX

1. I do not wish to have federal tax withheld from my monthly benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2. I wish to have federal tax withheld from my monthly benefit based on the marital status and number of withholding exemptions claimed below. I realize that the actual amount to be withheld will be based on this information and the federal tax withholding tables. *(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 EXEMPTIONS 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 only.

CHECK (✓) ONLY ONE BOX

1. I do not wish to have Minnesota state tax withheld from my monthly benefit. I realize that I am liable for payment of state income tax on the taxable portion of my benefit and that I may be subject to tax penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

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. I realize that the actual amount to be withheld will be based on this information and the state tax withholding tables. *(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 EXEMPTIONS CLAIMED: _____

PART F—VERIFICATION OF ANY COMBINED SERVICE:

Do you have service with another Minnesota public/state pension plan? Yes No

If yes, have you or do you plan to apply for a benefit from that plan in conjunction with your PERA benefit? Yes No

Please check (✓) all that apply:

- Minneapolis Employees Retirement Fund (MERF)
- Teachers Retirement Association (TRA)
- Other (please specify: _____)
- Minnesota State Retirement System (MSRS)
- Duluth Teachers Retirement Association (DTRA)

PART G—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="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"/>											

PART H—NOTARIZED SIGNATURE OF PERA MEMBER (and Spouse if married) REQUIRED:

FOR COMPLETION BY PERA 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. * **Note:** By accepting/receiving a retirement benefit, you are no longer eligible for disability benefits.

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)

**If you are continuing employment under a "phased retirement agreement," a 30-day break is not required. However, if the phased retirement agreement ends, all requirements for a termination of employment apply.*

FOR COMPLETION BY MEMBER'S SPOUSE

A married member's application will not be processed without the signature of the spouse. **Please note:** If the spouse's signature is not notarized, the 50 percent survivor option will be paid unless the member elected the 75 or 100 percent survivor option.

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)

PROOF OF AGE AND IDENTITY

PERA cannot issue a benefit payment until we have substantiated both your age and identity.

All original documents will be returned to you.

PROOFS OF AGE—A document on the following list should 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	7. Birth certificate of your child which shows age of parent
2. Passport	8. Naturalization record (citizenship paper)
3. Church record showing your birth date or age	9. Immigration record established upon arrival in the United States
4. Hospital birth record	10. Military record
5. School records	
6. Marriage certificate showing your age	

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.

Additional Application Information

Private Data as Required by Minn. Stat. § 353.29, Subd. 8: PERA member 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. The effective date of your retirement is the first day of the month following your termination from public employment. If you are an elected official, your effective date is the day after your term in office ends.

Effective Date: If you submit your retirement application after leaving public service, you can be paid a pension retroactively. In this case, the effective date on the application is the date from which you wish your benefits to begin. However, the effective date can be no earlier than the first of the month following your termination and no more than one year prior to PERA receiving your retirement application. If no date is entered on the application, the benefit will become payable on the first of the month following termination, or the first of the month following receipt of the application in our office, whichever is later.

Benefit Survivor Option Restrictions: As a 401(a) tax qualified plan, the Public Employees Retirement Association must follow benefit requirements set by the Internal Revenue Service (IRS). One of these IRS regulations impacts PERA’s 100 percent and 75 percent survivor options. If you select anyone other than your spouse as a survivor, that individual can be no more than 10 years younger than you under the 100 percent survivor option, and no more than 19 years younger if you select the 75 percent survivor option. There are no age limitations on non-spouse survivors if you select either the 25 percent survivor option or the 50 percent survivor option.

MY PERA at www.mnpera.org can provide you with benefit estimates and other information on your personal account with PERA. Additional information on your retirement plan is also available on our website. Most PERA member publications, including your Member Handbook, can be found under Resources/Forms & Publications.