

**Instructions For Completing Service Retirement Application – Form 18-H  
(Hybrid Plan)**

An application for retirement must be received in the Employees' Retirement System (ERS) office as early as 150 days before but not less than 30 days before the retirement date. Your retirement date must be the 1<sup>st</sup> of the month except for December when retirement can be either the 1<sup>st</sup> or the 31<sup>st</sup> of the month. It cannot be the same day as your last day of work.

The following instructions will help you complete the application form. Please call the ERS Honolulu office at (808) 586-1735 if you need further assistance.

---

**I. PERSONAL DATA**

**Name:** Last, first, and middle name.

**Social Security Number:** Your 9-digit number.

**Mailing or PO Box Address:** Address for the receipt of ERS mail. (Note: Any change in your mailing address must be reported to the ERS in writing to ensure proper delivery of notices, statements, and tax forms to you).

**Retirement Date:** Your retirement date must be the 1<sup>st</sup> day of a month or the 1<sup>st</sup> or 31<sup>st</sup> day of December. It cannot be the same day as your last day of work.

**Date of Birth:** The month, day, and year of your birth. Please provide both the original document and a photocopy of it for birth date verification. Acceptable documents include:

- Certified copy of your birth certificate; or
- Original baptismal certificate recorded before age five; or
- Written verification from Social Security if you are age 62 or over.

If one of the above is not available, submit any two of the following:

- Original baptismal certificate/religious record with birth date or age and recorded after age five
- Valid Hawaii driver's license
- Hawaii State Identification card
- Passport
- Foreign passport with birth date or age
- Marriage record with birth date or age
- Naturalization record with birth date or age
- Voter registration record
- Census record
- Military record with birth date or age
- Hospital treatment record with birth date or age
- Life insurance policy
- Elementary school record
- Child's birth certificate with age of member/parent

**Position or Job Title/Department/Division or School:** Your position or job title, the name of the Department and/or Division you are employed with, and/or the name of the school where you work.

**Employer:** Check off whether you work for the State, County (identify which County), or Board of Water Supply.

**Deposit Check To:** Name of Financial Institution where you want your monthly pension checks to be deposited. Specify whether it's a checking account (attach voided check) or savings account (attach deposit slip), and provide the account number. You will receive a monthly pension, which will be paid at the end of each month.

**Daytime/Home/Cellular Phone:** Enter the appropriate number for each.

## II. RETIREMENT OPTIONS

Carefully read the information on “Retirement Information” enclosure. Select only one retirement option.

If you select Option Four, you must specify:

- The combination you wish: Option Four (Five & Maximum), Option Four (Five & One), Option Four (Five & Two), or Option Four (5 & 3).
- Amount of refund (Choose only one).

You should select an option at the time you file your retirement application. You may change your option at any time **prior** to your retirement date. Option changes are **not allowed** once your retirement is effective.

## III. BENEFICIARY DESIGNATION

List your beneficiary’s name, social security number, relationship to you, and date of birth. If you select an option that allows designation of multiple beneficiaries, provide the Social Security number of the first beneficiary. Also, clearly indicate the proportionate share each beneficiary should receive. For example, “In equal shares or to whomever survives.”

If you select Options Two, Three, Four (Five & 2) or Four (Five & 3), you must provide verification of your beneficiary’s birth date. (Please refer to the list of acceptable documents on the front page of these instructions).

## IV. SIGNATURE

You must sign the application in the presence of a Notary or an ERS representative. Your signature may be witnessed at the ERS office or retirement filing session at no charge. However, appropriate identification is required.

NOTE: IF YOU ARE MAILING IN YOUR APPLICATION, PLEASE BE SURE ALL NECESSARY DOCUMENTS ARE ATTACHED. IDENTIFY EACH DOCUMENT WITH YOUR NAME AND SOCIAL SECURITY NUMBER. SIGNATURE AND NOTARIZATION ARE REQUIRED.

## OTHER

Complete and submit the following, as applicable:

### I. IRS FORM W4P – WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY

All pensioners are required to submit this for federal income tax withholding on monthly pension payments. Refer to instructions for this form.

### II. EC&B 123B – DIRECT ROLLOVER OPTIONS

Complete this form if you are receiving a payment that is eligible for rollover. For example, this form is required if the retirement option you elect has an option refund payment (such as Option 4 or Option 5).

Refer to the *Instructions for Completing Form EC&B 123B – Direct Rollover Options* and *Special Tax Notice Regarding Rollover Options and Instructions*.

### III. ERS 182 – SPOUSAL/CIVIL UNION PARTNER/RECIPROCAL BENEFICIARY NOTIFICATION

Indicate your relationship status and, if applicable, provide the name and address of your spouse, civil union partner, or reciprocal beneficiary.

EMPLOYEES' RETIREMENT SYSTEM  
OF THE STATE OF HAWAII

201 MERCHANT STREET, SUITE 1400, HONOLULU, HAWAII 96813-2980

Phone: (808) 586-1735 or Neighbor Island: Hawaii 974-4000, ext. 61735, Maui: 984-2400, ext. 61735, Kauai: 274-3141, ext. 61735  
Molokai/Lanai: 1-800-468-4644, ext. 61735

**SERVICE RETIREMENT APPLICATION**

(Hybrid Plan)

To the Board of Trustees: \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_  
In accordance with the provisions of law governing the operation of the Employees' Retirement System (ERS) of the State of Hawaii, the undersigned, a member of ERS, hereby applies for retirement from active service.

**I. PERSONAL DATA:** (Please print or type)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
LAST FIRST MIDDLE

Mailing or PO Box Address: \_\_\_\_\_  
STREET APT. NO. CITY STATE ZIP CODE

Retirement Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: [ ] Single [ ] Married  
MONTH DAY YEAR MONTH DAY YEAR

Position or Job Title/ Department/Division or School: \_\_\_\_\_

Employer: (Check one) [ ] State of Hawaii [ ] County of \_\_\_\_\_ [ ] Board of Water Supply

Deposit Check to: Financial Institution Name: \_\_\_\_\_

[ ] Checking (attach voided check) [ ] Savings (attach deposit slip)

Account No. \_\_\_\_\_ Bank Routing No. (ACH) \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cellular Phone: \_\_\_\_\_

**II. RETIREMENT OPTIONS:** (Select one only)

I have read the information on selecting a retirement option and I select the following retirement option:

\_\_\_\_ Maximum Allowance \_\_\_\_ Option One \_\_\_\_ Option Two (100% Survivor) \_\_\_\_ Option Three (50% Survivor)

Refund options are available to members with at least 10 years of credited service.

\_\_\_\_ Option Four (Five & \_\_\_\_\_) Refunds: \_\_\_\_ Pre-1987 Nontaxable contributions \_\_\_\_ 50%

\_\_\_\_ Option Five

**III. BENEFICIARY DESIGNATION:** A beneficiary should be designated for all options, however, only one beneficiary may be designated for options Two, Three, Four (5 & 2) and Four (5 & 3). Multiple beneficiaries, a trust, or an estate may be designated for all other options.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
LAST FIRST MIDDLE

Relationship: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

**IV. SIGNATURE:** This application must be signed in the presence of an ERS representative or a Notary Public.

Signed \_\_\_\_\_ Date \_\_\_\_\_ ERS Representative \_\_\_\_\_

State of Hawaii \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SS.

On the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ personally appeared before me the said named \_\_\_\_\_  
to me known to be the person described in and who executed the foregoing instrument  
and who acknowledged such execution as being a free and voluntary act and deed.

Affix your  
official seal

\_\_\_\_\_  
Notary Public \_\_\_\_\_

My commission expires \_\_\_\_\_