

Instructions: PLEASE PRINT. The original application must be completed in black or blue ink and signed by the PERA member (and spouse, if married) before a notary public. If you will be working under a Phased Retirement Agreement, the agreement form must accompany this application.

Part A - About you

Apply for benefits by plan name. Check (✓) only one box. A separate application is required for each plan in which you have coverage.

Coordinated and/or Basic Plan Correctional Plan Police and Fire Plan

Name—Last, First, Middle Initial _____

Social Security Number (last 4 digits) _____

Birth Date—Month, Day, Year _____

Address—Street, City, State, and Zip Code _____

PERA ID Number _____

Home telephone number _____

Mobile telephone number _____

Personal email address _____

Termination Date _____

Benefit begin date (see page 4 for additional information) _____

Marital Status Married Unmarried Spouse's Name _____

Spouse's Address, if different—Street, City, State, and Zip Code _____

Do you have service with another Minnesota public/state pension plan? Yes (Please indicate the plan below.) No
If yes, indicate if you have or will apply for a benefit from that plan in conjunction with your PERA benefit. Yes No

Check (✓) all that apply

- Teachers Retirement Association (TRA) Minnesota State Retirement System (MSRS)
 St. Paul Teachers Retirement Fund Association (STRFA) Minneapolis Employees Retirement Fund (MERF)
 Duluth Teachers Retirement Fund Association (DTRFA) Other (please specify): _____

Part B - Direct deposit

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. You can make direct deposit changes through MY PERA or download and submit a *Direct Deposit Agreement*, located under *Forms & Publications* at www.mnpera.org.

Financial institution: _____

Type of Account

Institution telephone number: _____

Checking Savings

Routing number:

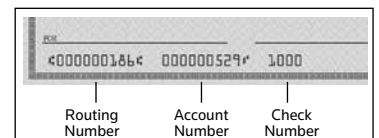
Account number:

Is this a joint account? No Yes. If yes, please complete the following:

Joint Account Holder Name: _____

Social Security Number: _____

Address: _____
Street, City, State, and Zip Code



Please notify your joint account holder of his or her obligation to repay any overpayment to this account in the event of your death if the overpayment is not repaid by the financial institution.

Part C - Benefit selection

Any alteration of the information you provide on this page of the application (white out, erasure, cross-out, etc.) will invalidate this form. 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.

PERA cannot issue a benefit payment until we have substantiated age and identity for you, and your named survivor should you choose a survivor benefit option below. See page 4 for a list of acceptable identification documents.

Check (✓) only one box below to indicate your retirement benefit selection.

Single-Life Benefit—All benefits end upon your death. (Proceed to Parts D, E & F)
OR

Survivor Benefit Options—Instead of a single-life benefit, you may choose from one of four survivor options below. If you select a survivor option, please provide the requested information about your designated survivor.

*If choosing a non-spouse survivor, age restrictions may apply when selecting the 75% or 100% options.
For more information, see the Survivor Options Fact Sheet under Forms & Publications at www.mnpera.org*

25% Survivor Option **50% Survivor Option** **75% Survivor Option** **100% Survivor Option**

Survivor's Name—Last, First, Middle Initial _____

Is this your spouse?

Yes No

Social Security Number: _____

Gender:

Male Female

Birth Date—Month, Day, Year _____

Part D - Notarized signature of PERA member (and spouse if married)

Only the original application with signature and notary will be processed. A fax copy is not acceptable.

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 selection cannot be changed as of the date PERA issues my first payment. By accepting/receiving a retirement benefit, you are no longer eligible for disability benefits. I further understand: A right to a retirement benefit requires a complete and continuous separation from all public employment for 30 days. There can be no written or verbal agreement prior to termination to provide services to a public employer. Independent contractors and employees of an independent contractor may not work for their same employer for 30 days. Public employment includes service to any governmental employer in Minnesota— e.g. school districts, cities, counties, townships, and state.

Signature of Member

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 be delayed without a notarized signature of the spouse. If the application is not signed by the spouse of the member, the application could be delayed by 60 days or more while PERA notifies the spouse of the application and benefit selection. If the spouse's signature is not received, by operation of law the 50 percent survivor option will be paid if the member selected either the single life or 25 percent survivor option.

Signature of Member'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)

Part E - Federal income tax withholding

Options on how you want PERA to withhold federal income tax from your benefit are listed below. Read each option carefully before making a selection. If you do **not** make a selection, federal law requires PERA to withhold federal tax from your benefit assuming a status of married with three exemptions. This assumption or your preferred method of withholding will be in effect until you change it.

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 current tax tables using marital status and number of withholding exemptions claimed below. (Tax tables available at www.irs.gov)

Optional: I also wish to have an additional \$ _____ withheld from my monthly benefit for federal taxes.

NOTE: The dollar amount you enter will be in addition to the withholding generated by the current tax tables.

Did you check box 2 above? If yes, complete the following:

Marital Status: Single Married

Exemptions (Check all that apply)

Yourself Spouse Other (Indicate Number) _____ TOTAL EXEMPTIONS CLAIMED: _____

Part F - Minnesota state income tax withholding

Options on how you want PERA to withhold Minnesota state income tax from your benefit are listed below. Read each option carefully before making a selection. If you do **not** make a selection, PERA will not withhold Minnesota state income taxes. This method of withholding will be in effect until you change it.

Check (✓) only one box

PLEASE NOTE: PERA can withhold state tax for Minnesota only.

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 current tax tables using marital status and number of withholding exemptions claimed below. (Tax tables available at www.revenue.state.mn.us)

Optional: I also wish to have an additional \$ _____ withheld from my monthly benefit for Minnesota state taxes.

NOTE: The dollar amount you enter will be in addition to the withholding generated by the current tax tables.

Did you check box 2 above? If yes, complete the following:

Marital Status: Single Married

Exemptions (Check all that apply)

Yourself Spouse Other (Indicate Number) _____ TOTAL EXEMPTIONS CLAIMED: _____

Part G - Identification

In order to process your application, PERA will need proof of your age and any name changes. We will need the same types of documents for anyone you name as your survivor. **While we will accept photo copies of these documents, we reserve the right to see the originals or certified copies.**

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
2. Passport or passcard
3. Church record showing your birth date
4. Hospital birth record
5. Military record
6. Marriage certificate showing your birth date
7. Naturalization record (citizenship paper)
8. Immigration record established upon arrival in the United States

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

1. Certificate of marriage
2. Passport or passcard
3. Affidavit or other document issued by a court
4. Church record of marriage, certified by custodian of such record
5. 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.

Part H - Additional application information

MY PERA at www.mnpera.org provides 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 Forms & Publications.

Private Data as Required by Minn. Stat. § 353.29, Subd. 4: 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 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.

Benefit Begin Date: 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. If you submit your retirement application after leaving public service, you can be paid a benefit retroactively. In this case, the effective date on the application is the date 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.

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 (\$215,000 in 2017). If you name your spouse as your survivor, there are no age restrictions. If you choose a non-spouse survivor, age restrictions may apply when selecting the 75 percent or 100 percent survivor options. There are no age restrictions on non-spouse survivors if you select either the 25 percent or the 50 percent survivor option. For more information, see the *Survivor Options Fact Sheet* under *Forms & Publications* at www.mnpera.org.

Phased Retirement: If you are continuing employment under a PERA Phased Retirement Agreement, a 30-day break in public service is not required.



Public Employees Retirement Association
60 Empire Drive, Suite 200, St. Paul, MN 55103-2088
Telephone: 651-296-7460 | 1-800-652-9026
www.mnpera.org