PERA

APPLICATION FOR RETIREMENT BENEFITS

Instructions: PLEASE PRINT. The original application must be completed in black or blue ink. Both member and spouse (if married) must sign in the presence of a notary public.

PART A – MEMBER INFORMATION

Apply for benefits by plan name. Choose 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

LAST NAME	FIRST NAME & MIDDLE INITIAL	PERA ID NUMBER

ADDRESS–STREET, CITY, STATE, AND ZIP CODE

LAST FOUR OF SSN	BIRTH DATE–MM/DD/YYYY	PRIMARY PHONE NUMBER	PERSONAL EMAIL ADDRESS
	/ /		

MARITAL STATUS	SPOUSE'S NAME – FIRST, MIDDLE INITIAL, LAST	BIRTH DATE–MM/DD/YYYY
☐ Married ☐ Unmarried		/ /

TERMINATION DATE
/ /
BENEFIT BEGIN DATE
/ /

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 first day of the month following your termination from public employment. If you are an elected official, your benefit begin 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, your benefit begin date can be no earlier than the first of the month following your termination and no more than six months prior to PERA receiving your valid 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 your valid application in our office, whichever is later.

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

Choose all that apply

☐ Teachers Retirement Association (TRA)
☐ Minnesota State Retirement System (MSRS)
☐ St. Paul Teachers Retirement Fund Association (SPTRFA)
☐ Minneapolis Employees Retirement Fund (MERF)
☐ Other (please specify): _____

CSA law requires you to terminate all public service in Minnesota and begin benefits within one year of each other.

PART B – DIRECT DEPOSIT

You may tape a voided check to this section. **If you choose to deposit into a savings account, you MUST contact your financial institution to verify the correct ACH routing number, as it may not be the same number displayed on your deposit slip.** DO NOT attach a deposit slip. If there is a joint account holder, please notify them of their obligation to repay any overpayment to this account in the event of your death if the overpayment is not repaid by the financial institution.

TYPE OF ACCOUNT	FINANCIAL INSTITUTION	INSTITUTION PHONE NUMBER
☐ Checking ☐ Savings		

Routing Number Account Number

ROUTING NUMBER	ACCOUNT NUMBER

PART C – BENEFIT SELECTION

Any alteration of the information you provide on this page of the application (white out, cross-out, etc.) will invalidate this form. **Please refer to your benefit estimate** or visit 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 3 for a list of acceptable identification documents.

CHOOSE ONLY ONE OPTION 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 one of the four survivor options below. Please provide the requested information about your designated survivor, as well as their proof of age and identity.

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 at mnpera.org.

☐ **25% Survivor Option**

☐ **50% Survivor Option**

☐ **75% Survivor Option**

☐ **100% Survivor Option**

SURVIVOR'S INFORMATION

NAME–LAST, FIRST, MIDDLE INITIAL			
IS THIS YOUR SPOUSE? ☐ Yes ☐ No	SOCIAL SECURITY NUMBER - -	BIRTH DATE–MM/DD/YYYY / /	GENDER ☐ Male ☐ Female

PART D – NOTARIZED SIGNATURE OF PERA MEMBER (AND SPOUSE IF MARRIED)

Only the original application with signature and notary will be processed. Do not submit by fax or email.

FOR COMPLETION BY PERA MEMBER

I have read and understand the information on this application. My selection is for a retirement benefit which cannot be changed as of the date PERA issues my first payment. By accepting/receiving a retirement benefit, I am no longer eligible for PERA disability benefits. A right to a retirement benefit requires a complete and continuous separation from all Minnesota public employment for 30 days. There can be no written or verbal agreement prior to termination to provide services to a Minnesota public employer.

_____

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. The application will 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.

I hereby acknowledge the benefit selection made by my spouse.

_____

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

CHOOSE ONLY ONE OPTION

○ 1. No federal tax withholding.

☐ 2. Withhold federal tax based on selections below:

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

Total exemptions claimed:_____

Optional: In addition to the amount generated by the current tax tables, I would like $_____ (in whole dollars) withheld.

Note: If you do not make a selection, and no previous selection has been made, federal law requires PERA to withhold federal tax from your benefit assuming a status of married with three exemptions. Your withholding selection will be in effect until you change it.

PART F – MINNESOTA INCOME TAX WITHHOLDING

CHOOSE ONLY ONE OPTION

○ 1. No Minnesota state tax withholding.

○ 2. Withhold Minnesota state tax based on selections below:

Marital Status: ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate

Total exemptions claimed:_____

Optional: In addition to the amount generated by the current tax tables, I would like $_____ (in whole dollars) withheld.

If you do not make a selection, PERA will not withhold Minnesota state income taxes. Your withholding selection will be in effect until you change it.

IDENTIFICATION

In order to process your application, PERA will need proof of your age and identity. We will need the same types of documents for anyone you name as your survivor. **Please send photocopies of these documents as originals will not be returned.**

ANY ONE OF THESE DOCUMENTS IN YOUR CURRENT NAME WILL PROVE YOUR AGE AND IDENTITY:

- Passport or passcard
- Enhanced Driver's License
- State Real ID

AGE—IF YOU DO NOT HAVE ONE OF THE ABOVE DOCUMENTS: one of the following may be submitted for proof of age.

- Birth certificate
- Church record showing your birth date
- Hospital birth record
- Military record
- Marriage certificate showing your birth date
- Naturalization record (citizenship paper)
- Immigration record established upon arrival in the United States

IDENTITY—IF YOU HAVE CHANGED YOUR NAME: you must ALSO provide documentation for ALL name changes.

- Certificate of marriage
- Affidavit or other document issued by a court
- Church record of marriage, certified by custodian of such record
- 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.

We reserve the right to see the originals or certified copies if necessary.

ADDITIONAL APPLICATION INFORMATION

MY PERA at mnpera.org provides benefit estimates and other information on your personal account with PERA. Once you are drawing a benefit you may make changes to your direct deposit and tax withholding online. Additional information on your retirement plan is also available on our website.

PRIVATE DATA AS REQUIRED BY MINN. STAT. § 353.29, SUBD. 4: PERA is asking for private data in order to process your request. You are not legally required to provide this information and may refuse to provide all or some of the information requested. However, PERA may not be able to process your request if you do not provide sufficient information. Unless you consent to further release of your private data, access to this information will be limited to the PERA staff who process your request. Your private data may also be released if required or authorized by state or federal law or by a court order.

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. 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 at mnpera.org/publications.

DIVORCE: If at any time you were divorced while employed in PERA covered employment, PERA will require an **entire certified copy** of the divorce decree.

PHASED RETIREMENT: If you are continuing employment under a PERA Phased Retirement Option (PRO), PERA must receive a completed Phased Retirement Agreement form before the PRO begins. A 30-day break in public service is not required.

INDEPENDENT CONTRACTORS: 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.

RETURN COMPLETED FORM TO:

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

DO NOT SUBMIT BY FAX OR EMAIL