



P.O. Box 349  
 Augusta, ME 04332-0349  
 Telephone: (207) 512-3100  
 Toll-free: 1-800-451-9800  
 Fax: (207) 512-3101  
 TTY: (207) 512-3102

# APPLICATION FOR SERVICE RETIREMENT BENEFITS

Please type or print all information and retain a copy for your records.

## MEMBER DATA

Social Security Number:

Member's Name: (Prefix) (First) (MI) (Last) (Suffix)

Mailing Address: (Street/PO Box) (City/Town) (State) (ZIP)

Marital Status:  Married  Single Home Telephone Number:  Home E-mail Address:

Termination Date: (mm) (dd) (yyyy) Effective Date of Retirement\*: (mm) 01 (dd) (yyyy) \*The first day of the month after you terminate employment or reach normal retirement age.

## MEMBER ELECTION I elect the following option:

Full Benefits/Special Plan  Option 4 - please detail chosen payment plan: \_\_\_\_\_

Option 1  Option 5 - please detail chosen payment plan: \_\_\_\_\_

Option 2  Option 6

Option 3  Option 7

Option 8 - please detail chosen payment plan: \_\_\_\_\_

Is your decision to retire based upon a retirement incentive offered and/or provided by your employer?  Yes  No

## BENEFICIARY DESIGNATION

- If you have elected FULL BENEFITS - DO NOT name a beneficiary.
- If the beneficiary named below differs from that used in the calculation of your estimated benefit, contact the System to learn the impact on your benefit.
- If you have elected SPECIAL PLAN, you may only name a beneficiary if the Special Plan provides for an ongoing benefit to a beneficiary.

Beneficiary's Name: (Prefix) (First) (MI) (Last) (Suffix)

Mailing Address: (Street/PO Box) (City/Town) (State) (ZIP)

Social Security Number:  Relationship: \_\_\_\_\_

## SIGNATURE My signature on this form indicates that:

- I have read and understand all the information on this form.
- I have elected how I want to receive my service retirement benefits knowing my options from the information provided with my estimate.
- I understand that I cannot revoke my election to retire, or change my retirement option, after any first payment is issued.
- I understand that any money due to me by MainePERS or any money due MainePERS by me will be paid or deducted beginning with the first payment following my final benefit amount determination.
- I hereby knowingly and voluntarily waive my rights to accrue additional service credits and possible increases in earnable compensation if I choose to return to employment after retirement with the same employer.

Signature of Applicant (Must be signed in the presence of a notary below.) \_\_\_\_\_ (Date) \_\_\_\_\_

## NOTARY (Must be completed by a Notary Public)

The member, who is named and who has signed above, personally appeared before me on \_\_\_\_\_ has executed this document in my presence and has acknowledged it as his/her free act and deed. (Date)

(Signature of Notary Public/Attorney at Law) \_\_\_\_\_ My commission expires on \_\_\_\_\_ (Date)

(Printed Name)

SEAL