



**Please Note:** The Service Retirement Application is only one of the forms that you need to complete and submit in order to begin drawing your service retirement benefits. If you have not already done so, please contact MainePERS for a complete Service Retirement Application Package.

Before submitting a Service Retirement Application, you must:

- Request and receive a Benefit Estimate from MainePERS and
- Be within one year of the effective date of your service retirement.

These requirements are in place to assure that our members receive the most up-to-date information about their benefits prior to making important retirement decisions. Please contact MainePERS if you have any questions about the retirement process.

(Application below)

Note: The form below is fillable online. Begin by clicking in the first blank. Tab moves you forward, Shift-tab moves you back. When complete, print form with answers and mail to MainePERS (no online submission at this time.)

# 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)  (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