



**MainePERS**  
PUBLIC EMPLOYEES RETIREMENT SYSTEM

P.O. Box 349  
Augusta, ME 04332-0349  
Telephone: (207) 512-3100  
Toll-free: 1-800-451-9800  
Fax: (207) 512-3101  
Maine Relay: 711

# APPLICATION FOR SERVICE RETIREMENT BENEFITS

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

## MEMBER DATA

Social Security Number:  Maine Resident: ☐ Yes ☐ No (For state income tax purposes)

Member's Name:      
(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:    Effective Date of Retirement\*:  01   
(month) (day) (year) (month) (day) (year) \*The first day of the month after you terminate employment or reach normal retirement age.

## OPTION ELECTION I elect the following option:

- ☐ Full Benefits/Special Plan ☐ Option 4 - % to beneficiary at your death: \_\_\_\_\_ %  
☐ Option 1 ☐ Option 5 - % to beneficiary at your death: \_\_\_\_\_ %  
☐ Option 2 ☐ Option 6  
☐ Option 3 ☐ Option 7  
☐ Option 8 - % to beneficiary at your death: \_\_\_\_\_ %

Did you decide to retire because of an incentive offered by your employer? ☐ Yes ☐ No

## BENEFICIARY DESIGNATION

- You can NOT name a beneficiary if you elect FULL BENEFITS.
- If you name someone not on your estimate, contact us to learn how that changes your monthly benefit amount.

Gender: ☐ Male ☐ Female ☐ Non-binary

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

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

Home Telephone Number:  Home E-mail Address:

Social Security Number:  Relationship:

## SIGNATURE By signing this form I state that:

- I have read and understand all the information on this form.
- I chose how I want to receive my service retirement benefits and know my options from the information provided with my estimate.
- I know I cannot cancel my retirement or change my option choice after the first payment is issued.
- I know that I give up my rights to earn more service credit or higher earnable compensation if I return to work after retirement.

Signature of Applicant \_\_\_\_\_ (Date) \_\_\_\_\_

## NOTARY (Must be completed by a Notary Public or Attorney at Law)

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by the member,  
who is named and has signed above. (Date)

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

(Printed Name)

SEAL