



MainePERS
PUBLIC EMPLOYEES RETIREMENT SYSTEM

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APPLICATION FOR SERVICE RETIREMENT BENEFITS

Please type or print all information and keep 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: (month) (day) (year) Effective Date of Retirement*: (month) **01** (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 1
- Option 2
- Option 3
- Option 4 - % to beneficiary at your death: _____%
- Option 5 - % to beneficiary at your death: _____%
- Option 6
- 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.

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

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

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