

# **Congratulations** on your upcoming retirement!

We realize that retiring is a significant life event and want to make the process to apply for your MSRS retirement benefit as easy as possible.

Forms you need to complete and documents to provide:

#### Application for Retirement Benefit (required)

The application must be signed by you and your spouse (if married) in the presence of a notary.

#### Direct Deposit Agreement (optional, but recommended)

Complete this form to have monthly payments deposited into your bank account. Generally, payments are deposited the first business day of each month.

#### Tax Withholding Certificates (default will apply if you do not complete a *Form W-4P* and *W-4MNP*)

See page 6 of this form for more details about income tax withholding.

#### Photocopy of Birth Records (required)

Payment cannot begin until you provide a photocopy of your birth record. In addition, if you select a survivor option, you must provide a photocopy of your survivor's birth record.

Photocopy of Marriage Certificate (if applicable)

#### Certified Copy of Divorce Decree(s) and Domestic Relations Order(s) (If applicable)

If you are currently divorced or have ever been divorced, you must provide these documents, even if the MSRS retirement benefit will not be divided between the parties.

## Authorization for Insurance Premium Deductions Form (optional, but must meet eligibility requirements)

An authorization form has been included with this application if you meet the eligibility requirements (retired or disabled public safety officers and judges).

If you enroll in this program, MSRS will deduct insurance premiums from your retirement benefits and send them to your insurance provider.

#### Timeline to receive payment

You will receive your first payment **about 6 weeks** after the retirement benefit start date indicated in Section 2 of this application. Please plan accordingly. The first payment may be higher because it includes retroactive payments back to your benefit start date. After that, monthly payments will be deposited into your bank account the first business day of each month. If payment is made by check, assume additional time for mailing.

### Things to know

- Generally, you must end all State of Minnesota employment before receiving a retirement benefit. If you are covered by multiple Minnesota public pension plans, contact MSRS to discuss your individual circumstances.
- 2. The completed forms and required documents must be mailed to MSRS (we cannot accept a fax or email).
- **3.** MSRS is unable to accept your application more than 60 days prior to the retirement benefit start date you indicate in Section 2 of this application.

#### For more information

- Refer to the Your Guide to Retirement brochure
- See the **Guide to Apply for a Monthly Benefit** on pages 6 & 7
- Call MSRS at 651.296.2761 or 1.800.657.5757; or
- Visit our website at www.msrs.state.mn.us



Please complete pages 2 - 5 and mail the original application to MSRS. Refer to the **Guide** *to Apply for a Monthly Retirement Benefit* beginning on page 6 of this application for information on how to complete this form.

2.

## Information about you (please type or print)

| Last name   | First | name          |                 | MI      | MSRS ID or SSN |
|---|-------|---------------|-----------------|---------|----------------|
| Mailing address   |       |               |                 | Date of | birth          |
| City  |       |               |                 | State   | Zip code       |
| Daytime phone   |       |               | Alternate phone |         |                |
| Current marital status  |       |               |                 |         |                |
| Single Married Divorced   | Widov | wed           |                 |         |                |
| Spouse's name Spouse's date   |       | late of birth |                 |         |                |
| Check this box if you have ever been divorced.  |       |               |                 |         |                |
| You must provide MSRS with a certified copy of your divorce decree(s) and domestic relations order (DRO), if applicable, even if the benefit will not be divided between the parties. |       |               |                 |         |                |

## Your retirement

It is important that you understand your options. Please review the "Your retirement" section on page 6 of this application.

| Retirement benefit start date: ///<br>Month Day Year   |  |  |  |  |  |
|--|--|--|--|--|--|
| <ul> <li>You will receive your first benefit payment about 6 weeks after the retirement benefit start date you indicated above. This timeline assumes:</li> <li>your application for retirement is in good order;</li> <li>you have provided MSRS with all required documents; and</li> <li>your employer has remitted all contributions to your retirement plan.</li> </ul> |  |  |  |  |  |

Your retirement benefit is for your lifetime regardless of the option you select. If you choose joint-and-survivor coverage or the life income option, you will receive a lower monthly benefit to provide this additional coverage. MSRS will send you a benefit authorization letter confirming the monthly benefit amount about the time you receive the first payment. You may change your benefit option up to 30 days after the date of the authorization letter. After that, you may not change your survivor option election. See page 7 for a comparison of retirement benefit options.

Bounce-back feature: You can choose a Joint-and-Survivor option with or without the bounce-back feature. If you choose this feature and your named survivor dies before you, your monthly benefit will increase - or "bounce-back" - to the Single-Life benefit amount the first of the month following your survivor's death or one year prior to notifying MSRS, whichever is later. If you do not choose the bounce-back feature, your benefit will not change if your survivor predeceases you.

#### Choose one option

| Single-Life Benefit   | This benefit is for your life only and ends upon your death.<br>Proceed to Section 5.  |
|---|--|
| 100% Joint-and-Survivor<br><u>with</u> bounce-back feature    | Upon your death, your survivor will receive a monthly benefit for their lifetime equal to your benefit amount.   |
| 100% Joint-and-Survivor<br><u>without</u> bounce-back feature | See bounce-back feature at top of page.  |
| 75% Joint-and-Survivor<br><u>with</u> bounce-back feature     | Upon your death, your survivor will receive 75% of your monthly benefit for their lifetime.  |
| 75% Joint-and-Survivor<br><u>without</u> bounce-back feature  | See bounce-back feature at top of page.  |
| 50% Joint-and-Survivor<br><u>with</u> bounce-back feature     | Upon your death, your survivor will receive one-half of your monthly benefit for their lifetime. If you are married, Minnesota law requires that you provide at least a 50% option for your spouse unless they waive survivor coverage.        |
| 50% Joint-and-Survivor<br><u>without</u> bounce-back feature  | See bounce-back feature at top of page.  |
| Life Income, 15-Year Certain                                  | If you die before collecting a monthly benefit for 15 years, your survivor will continue to receive the benefit for the balance of the 15 years. If you die after collecting a benefit for 15 years, your survivor will not receive a benefit. |

Your survivor's age may limit the survivor options available to you. Contact MSRS for details.

## Survivor information

Complete this section if you selected a Joint-and-Survivor Benefit or Life Income, 15-Year Period Certain option in Section 3. **DO NOT COMPLETE THIS SECTION IF YOU SELECTED A SINGLE-LIFE BENEFIT.** 

| Survivor's Name | Social Security Number | Relationship to you |
|-----------------|------------------------|---------------------|
|                 |                        |                     |
|                 |                        |                     |

You must provide a photocopy of your survivor's birth record if you selected a Joint-and-Survivor Benefit.

Some or all of your pension benefit is taxable income. You have the option to provide instructions to MSRS for federal and state tax withholding. If no instructions are provided, the default withholding will apply.

| Federal tax withholding  | Minnesota state tax withholding   |
|--|---|
| <ul> <li>The default federal tax withholding assumes a filing status of single and no adjustments (regardless of your actual marital status).</li> <li>To choose an alternate income tax withholding election (or no withholding), complete a <i>Form W-4P Withholding Certificate</i> and submit to MSRS with your retirement application. The <i>W-4P</i> form and information about federal tax withholding is available at irs.gov.</li> </ul> | <ul> <li>The default Minnesota state tax withholding is at the standard rate of single with zero allowances (Minnesota residence only. MSRS cannot withhold taxes for other states).</li> <li>To choose an alternate Minnesota state tax withholding election (or no withholding), complete a <i>Form W-4MNP Withholding Certificate</i> and submit to MSRS with your retirement application. The <i>W-4MNP</i> form and information about Minnesota state tax withholding is available at www.revenue.state.mn.us/withholding-annuities-and-pensions.</li> </ul> |

MSRS staff members are unable to provide advice regarding tax withholding. You are encouraged to consult a tax advisor to determine your appropriate income tax withholding.

Only the original application with signature and notary will be processed. A fax or email copy is not acceptable.

The date this form is signed must match the date your signature is notarized. Note: Notary seal must be visible.

#### A. For Completion by Applicant

I have read the information on this application and understand that my selection is for a retirement benefit. I further understand that the retirement benefit option selected on this application can be changed up to 30 days after the date of the MSRS benefit authorization letter. I verify that all statements made on this application are true and complete.

We provide Minnesota Retired State Employees Association (MRSEA) with new retiree's contact information. If you do not want us to share your information with MRSEA, please check the box. To learn more, visit www.mrsea.org

#### B. For Completion by Applicant's Spouse

A married participant's application will be delayed without a notarized signature of the spouse.

I am the spouse of the applicant. I am aware that this retirement plan provides survivor benefit options available to protect me upon my spouse's death. I have read, understand, and agree to the survivor benefit option selected by my spouse on this application. If I am not the survivor named on this application, my notarized signature below acknowledges that I agree to waive survivor coverage.

| / /  |  |  |  |
|--|--|--|--|
| Signature of Applicant Date  | Signature of Applicant's Spouse Date   |  |  |
| For Completion by Notary   | For Completion by Notary   |  |  |
| Subscribed and sworn to before me this   | Subscribed and sworn to before me this   |  |  |
| , Year   | , Year   |  |  |
| Signature of Notary  | Signature of Notary  |  |  |
| Notary Public of County.   | Notary Public of County.   |  |  |
| My Commission expires  | My Commission expires  |  |  |
| In lieu of a notary, an MSRS retirement representative can witness your signature. | In lieu of a notary, an MSRS retirement representative can witness your signature. |  |  |
| / / /<br>Signature of MSRS Representative Date                                     | Signature of MSRS Representative Date  |  |  |

MSRS is unable to accept your retirement application **more than 60 days in advance** of the retirement date you indicated on this application. Mail the completed form to:



Minnesota State Retirement System 60 Empire Drive, Suite 300 St. Paul, MN 55103-3000

#### **Information About You**

Enter your basic information - legal name, MSRS account ID or Social Security number, contact information, marital status, and your spouse's information.

The information you supply on this form is for internal use by Minnesota State Retirement System (MSRS). You are not legally required to provide the information, but we may not be able to pay your benefit without it.

#### **Your Retirement**

Indicate the last day you worked for the employer who sponsored your Minnesota public retirement plan and the date you want your retirement benefit to begin. You must be terminated prior to the benefit start date. The retirement benefit start date must be after your last day on payroll.

#### EXAMPLE:

Your last day worked is January 20 + 2 days of vacation pay to keep you on the payroll.

Last day on payroll = January 22

Retirement benefit start date = January 23 or after

#### Your retirement benefit start date

Use this table as a guide to determine your benefit start date options.

| I currently work for<br>the employer that<br>sponsored my MSRS<br>retirement plan  | <ul> <li>Retirement benefit start date can be anytime after your last day on payroll.</li> <li>If benefit start date is left blank, your benefit will begin the day after your last day on payroll.</li> </ul>  |
|--|---|
| I no longer work for<br>the employer that<br>sponsored my MSRS<br>retirement plan and left<br>that<br>employment no more<br>than 180 days ago. | <ul> <li>Retirement benefit start date can be anytime<br/>between your last day on payroll and up to<br/>60 days after the date we receive this<br/>application.</li> <li>If benefit start date is left blank, we will start<br/>the benefit on the date that will provide the<br/>highest overall benefit to you.</li> </ul> |
| I no longer work for<br>the employer that<br>sponsored my MSRS<br>retirement plan and left<br>that<br>employment<br>more than 180<br>days ago. | <ul> <li>Retirement benefit start date can be up to 60 days prior to the date we receive this application.</li> <li>If benefit start date is left blank, we will start the benefit on the date that will provide the highest overall benefit to you.</li> </ul>   |

#### **Income Tax Withholding**

Pension benefit payments are taxable income. You have the option to provide instructions to MSRS for federal and Minnesota state tax withholding. If no instructions are provided, the default withholding will apply.

MSRS staff members are unable to provide advice regarding tax withholding. You are encouraged to consult a tax advisor to determine your appropriate income tax withholding.

#### **Federal Taxes**

Complete a *Form W-4P Withholding Certificate* to provide MSRS with instructions for federal tax withholding. If you do not submit a *Form W-4P* to MSRS, federal law requires that we withhold taxes from your monthly pension benefit assuming your filing status is single and no adjustments (regardless of your actual marital status).

You can elect not to have federal taxes withheld from your payments. See the *Form W-4P Withholding Certificate* instructions.

Caution: If you have too little tax withheld, you will generally owe the IRS when you file your tax return and may owe a penalty. If too much tax is withheld, you will generally be due a refund when you file your tax return.

For more detail, go to irs.gov for *Form W-4P Withholding Certificate for Pension or Annuity Payments.* 

#### **Minnesota State Taxes**

The Minnesota Department of Revenue requires that we withhold state taxes from your monthly pension benefit at the default rate of single with zero allowances (regardless of your marital status). This applies to Minnesota residents only. We cannot withhold taxes for other states.

To override the default rate, complete a *Form W-4MNP Withholding Certificate*.

For more detail, see www.revenue.state.mn.us/withholding-annuitiesand-pensions.

#### Notarized Signature(s)

The application must be signed by you and your spouse in the presence of a notary. Only the original application with signature and notary will be processed. A fax or emailed copy is not acceptable. The date this form is signed must match the date your signature is notarized.

#### Spousal notarized signature

If you are married, your spouse must agree with the retirement option you elected and the named survivor. Minnesota law requires that you provide at least a 50% Joint-and-Survivor benefit option for your spouse unless they waive survivor coverage in Section 6.

#### Your notarized signature

Your signature acknowledges that you have read and agree to the terms of all elections.

#### Minnesota Retired State Employees Association (MRSEA)

We provide MRSEA with new retiree's name and address. You can request that we not share your information. To learn more about this non-profit organization, visit www.mrsea.org.

# Retirement Benefit *Options*

This chart is a comparison of the retirement benefit options. Please review your options carefully before completing Sections 3 and 4 of this application.

|  | Single-Life  | 100%<br>Joint-and-Survivor   | 75%<br>Joint-and-Survivor   | 50%<br>Joint-and-Survivor  | Life Income<br>15-Year Certain  |
|--|--|--|---|--|---|
| Why choose<br>this option                                  | Provides you the<br>highest monthly<br>benefit compared to<br>other options.                 | Provides maximum<br>survivor coverage, but<br>reduces your monthly<br>payment.   | Provides some<br>survivor coverage,<br>but reduces your<br>monthly payment.                     | Provides some<br>survivor coverage,<br>but reduces your<br>monthly payment.  | Typically used to<br>preserve assets for<br>your children or other<br>family members.   |
| Benefit paid for<br>your lifetime                          | Yes  | Yes  | Yes   | Yes  | Yes   |
| Who can you<br>name as a<br>survivor                       | N/A  | Anyone, but typically a spouse. Your monthly<br>benefit is reduced in order to provide coverage to a<br>survivor upon your death. The reduction is based on<br>the age difference between you and your survivor.<br>The younger the survivor the greater your monthly<br>benefit is reduced.<br>The age of your survivor may limit you from<br>choosing this option. Contact MSRS for details. |   | State law requires that<br>you provide at least a<br>50% Joint-and-Survivor<br>option for your spouse<br>unless they waive<br>survivor coverage. | Anyone.   |
| What happens<br>to benefit upon<br>your death              | Monthly payments<br>end. Any remaining<br>account balance is<br>paid to your<br>beneficiary. | Survivor will receive<br>monthly payment equal<br>to your payments for<br>their lifetime.  | Survivor will receive<br>monthly payment that is<br>75% of your payments<br>for their lifetime. | Survivor will receive<br>monthly payment that is<br>50% of your payments for<br>their lifetime.  | If you received<br>payments for:<br>• 15 years or more,<br>payments will end.<br>• Less than 15 years,<br>your survivor will<br>receive payments<br>for balance of<br>15-year term.<br>Note: If both you<br>and your survivor<br>die before the<br>15-year term, any<br>remaining balance<br>is paid to your<br>estate. |
| What happens<br>if named<br>survivor<br>predeceases<br>you | N/A  | If you selected a benefit o<br>predeceases you, the mor<br>amount after MSRS has b<br>If you do not elect the bou<br>predeceases you, the mor  | Has no impact on your<br>benefit payment. You<br>can name another<br>beneficiary.               |  |   |