

APPLICATION FOR RETIREMENT/BACK-DROP

MEMBER INFORMATION		
Name:		
Address:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
City:	State:	Zip Code:
Social Security Number:	Phone:	Email Address:
Date of Birth:	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	
Last Date on Active Payroll:	Date of Retirement:	

SELECTION OF BENEFIT FORM (Choose One)	
<input type="checkbox"/> Regular Retirement Benefit (No Lump Sum)	<input type="checkbox"/> Back-DROP Benefit Number of Months of Back-DROP: _____

SELECTION OF RETIREMENT PLAN OPTION (Choose One)	
<input type="checkbox"/>	Maximum Plan – Pays the largest monthly benefit a retiree is eligible to receive but does not provide for a monthly benefit to be paid to a named beneficiary after the retiree's death; however, in the event the retiree dies before he/she receives in total monthly and lump-sum benefits an amount equal to his/her employee contributions, the beneficiary or estate will be paid the difference in one lump sum payment. I hereby apply for retirement under the Maximum Plan. (If married, a spouse must complete the spousal consent section.)
<input type="checkbox"/>	Option 1 – Pays the retiree a monthly benefit that is reduced from the Maximum. If the retiree dies before he/she has received, in retirement payments purchased by his contributions, the amount he had contributed before his retirement, the balance thereof shall be paid to his legal representative or to his named beneficiary. I hereby apply for retirement under Option 1. (If married, a spouse must complete the spousal consent section.)
<input type="checkbox"/>	Option 2 – Pays the retiree a monthly benefit that is reduced from the Maximum. In the event of the retiree's death, the same monthly benefit will be paid to the spouse to whom the member was married at retirement for the life of the spouse. The named option beneficiary may not change after retirement. I hereby apply for retirement under Option 2.
<input type="checkbox"/>	Option 2 Popup – Pays the retiree a monthly benefit that is reduced from the Maximum. In the event of the retiree's death, the same monthly benefit will be paid to the spouse to whom the member was married at retirement for the life of the spouse. Should the spouse die prior to the retiree, the monthly benefit being paid to the retiree would revert to the maximum monthly benefit. The named option beneficiary may not change after retirement. I hereby apply for retirement under the Option 2 Popup.
<input type="checkbox"/>	Option 3 – Pays the retiree a monthly benefit that is reduced from the Maximum. In the event of the retiree's death, one-half of the monthly benefit will be paid to the spouse to whom the member was married at retirement for the life of the spouse. The named option beneficiary may not change after retirement. I hereby apply for retirement under Option 3.
<input type="checkbox"/>	Option 3 Popup – Pays the retiree a monthly benefit that is reduced from the Maximum. In the event of the retiree's death, one-half of the monthly benefit will be paid to the spouse to whom the member was married at retirement for the life of the spouse. Should the spouse die prior to the retiree, the monthly benefit being paid to the retiree would revert to the maximum monthly benefit. The named option beneficiary may not change after retirement. I hereby apply for retirement under the Option 3 Popup.

SPOUSAL CONSENT (Must be completed, if Applicant is married and selected Maximum or Option 1 above)	
<p>I am legally married to the applicant and have been made aware of the form of benefits that were chose by my spouse. I consent to the option selected and understand that under the Maximum Benefit or Option 1 Benefit, I will not be entitled to any monthly survivor benefits upon the death of my spouse.</p>	
Signature: _____ Date: _____	
Sworn to and subscribed before me, notary public, on this _____ day of _____, 20_____.	
In the City of _____ Parish of _____	
Notary Public: _____	

SPOUSAL INFORMATION FOR OPTIONS 2, 3 AND POPUP		
I hereby provide the information regarding my spouse, who is my beneficiary under my election of Option 2, Option 3, Option 2 Popup or Option 3 Popup retirement benefit option to receive benefits as chosen in the SELECTION OF RETIREMENT PLAN OPTION section above. I understand that I cannot change the option beneficiary or the option selected after the effective date of retirement.		
Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Social Security Number:
City:	State:	Zip Code:
Date of Birth:	Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	

BENEFICIARY INFORMATION FOR MAXIMUM AND OPTION 1

I hereby designate the below name person as my beneficiary to receive benefits as chosen in the SELECTION OF RETIREMENT PLAN OPTION section for either the Maximum or Option 1. I understand that I cannot change the option selected after the effective date of retirement. I understand that I may name my spouse the beneficiary here, and if I do not, and I have a spouse, I must get the spousal consent signed below.

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Social Security Number:
City:	State:	Zip Code:
Date of Birth:	Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	

SPOUSAL CONSENT TO MAXIMUM AND OPTION 1 (To be completed, if Applicant is married, selected Maximum or Option 1 and named someone other than spouse as beneficiary, in above section)

I am legally married to the applicant and have been made aware that my spouse has named a different beneficiary for the Maximum or Option 1 retirement benefit. I consent to this beneficiary designation.

Signature: _____ Date: _____

Sworn to and subscribed before me, notary public, on this _____ day of _____, 20 _____.

In the City of _____ Parish of _____.

Notary Public: _____

BACK-DROP LUMP SUM BENEFICIARY INFORMATION (If Applicant is electing BACK -DROP)

I hereby designate the below named person as my beneficiary to receive a refund of my Back-DROP lump sum if I die prior to payment of the lump sum amount. I understand that if I do not specify a beneficiary for this purpose, the beneficiary listed above in the Spousal/Beneficiary Information section will be deemed the beneficiary for this purpose, also. I understand that if I have a spouse at the time of my application and do not name my spouse as the beneficiary here, I must obtain my spouse's consent on the form below. I acknowledge that I must still complete a Beneficiary Designation Form for any IRA or fund to which I roll over my Back-DROP funds.

Name:		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Social Security Number:
City:	State:	Zip Code:
Date of Birth:	Relationship to Member: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	

SPOUSAL CONSENT TO BACK-DROP LUMP SUM BENEFICIARY (To be completed, if Applicant is married, elected BACK-DROP and named someone other than spouse as beneficiary, in above section)

I am legally married to the applicant and have been made aware that my spouse has named a different beneficiary for the Back-DROP Lump Sum payment. I consent to this beneficiary designation.

Signature: _____ Date: _____

Sworn to and subscribed before me, notary public, on this _____ day of _____, 20 _____.

In the City of _____ Parish of _____.

Notary Public: _____

MEMBER SIGNATURE (Required)

I hereby request a benefit in the form selected above as of the date specified. I have chosen a retirement option and provided information on my spouse (if applicable). I understand that once I have retired, my decisions are irrevocable.

Signature: _____ Date: _____

CERTIFICATION OF ELIGIBILITY (To be completed by Employer)

This is to certify that _____ submitted his/her application for retirement to me on _____
 Name of Employee/Applicant

_____ and the last date for which contributions will be reported to the Retirement Fund will be _____
 Date Date

This individual is still an employee of the Assessors' Office for _____ Parish of _____.

Signature of Assessor: _____