

Judge Member Retirement Application

General instructions

- Type or print clearly in dark ink. Illegible forms could be returned, which could delay your request.
- Do not change anything on the form; alterations will void the form.
- Sign and date the statement at the bottom of the form, and mail or fax the form to PERS.

Section A: Member information

Fill in the personal information block completely.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it could take PERS staff longer to process your form.

If you do not know your PERS number, leave it blank.

Enter the month and year your retirement becomes effective.

Note: The effective retirement date can be no sooner than the first day of the month following the last day you worked or were on qualified paid leave or the first of the month in which you file your application for benefits, whichever is later.

Section B: Spouse information

Fill in the personal information block completely.

The surviving spouse of a judge member is the automatic recipient of a surviving spouse pension under ORS 238.565 unless a prenuptial or an ante nuptial agreement stating otherwise has been filed with PERS.

You may elect to have a former spouse receive all or a portion of the pension payable to a surviving spouse (see ORS 238.565(8)). To make this election, you must also complete a Judge Member Election of Former Spouse as Pension Recipient form.

Section C: Increased surviving spouse pension election (optional)

ORS 238.565(4) allows a judge member to increase the surviving spouse pension by electing to receive a reduced retirement allowance. The total pension to the surviving spouse cannot exceed 100 percent of the judge member reduced retirement allowance. If you make this election you must also provide verification of age for your spouse.

Section D: Beneficiary information

If you do not have a spouse, or you have a prenuptial or an ante nuptial agreement with PERS that states that your spouse shall have no right or claim to a surviving spouse pension, or your spouse predeceases you, the beneficiary named here will receive a lump-sum payment of any judge member account balance remaining at the time of your death. Complete this section to name a person, the personal representative of your estate, or the trustee of the trust you designate.

Section E: Member signature

By signing this section, you verify that all information in the application is correct.



Judge Member Retirement Application

Section A: Member information (Type or print clearly in dark ink. Illegible forms could be returned to you, which could delay your request.)

First name	MI	Last name	Social Security number*										
			<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>										
Mailing address (street or PO box)			PERS number (optional)										
City	State	Zip	Country										
			Date of birth (mm/dd/yyyy)										
Day phone number		Evening phone number											
E-mail (optional)													

I request that my retirement become effective the first day of _____, _____ (month), _____ (year).

Section B: Spouse information (required if married)

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			Date of birth (mm/dd/yyyy)
City	State	Zip	

Section C: Increased surviving spouse pension election (optional)

I elect to increase the benefit to my surviving spouse. I elect a surviving spouse pension that will be ____ percent of my retirement allowance. I will receive a reduced retirement allowance to provide the higher spousal benefit. I understand the additional pension for my surviving spouse is the actuarial equivalent of the reduction in my retirement allowance.

Section D: Beneficiary information (check one)

- Person: Complete all requested information.
- Estate: Provide the name and address of your personal representative. Leave the Social Security number and date of birth blank.
- Trust: Name of trust: _____. Date trust established: _____.
- Provide the name of the trustee and his or her address. Leave the Social Security number and date of birth blank.

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			Date of birth (mm/dd/yyyy)
City	State	Zip	

Section E: Member signature

Please sign and date.

 Signature (do not print) Date

Office use only		
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP	<input type="checkbox"/> IAP
<input type="checkbox"/> Member <input type="checkbox"/> Alternate payee		
<input type="checkbox"/> Cross reference member SSN		

Note: If not already provided, PERS needs a verification of age for you. If you completed Section C, PERS will also need verification of age for your spouse.

*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

ORS: 238.565

Form #459-016.indd SL3 (1/21/2009) IIM Code: 3002
