

Instructions for OPSRP Pension Program Retirement Application

- The OPSRP Pension Program Retirement Application is for both general service and police and firefighter members.
- 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.
- Your first check will be mailed to the address you list in Section A, regardless of whether or not you choose direct deposit.
- Sign and date the form and mail to PERS at PO Box 23700, Tigard OR 97281-3700.
- Before filling out Section A, make sure you provide your Social Security number (SSN) in the box at the top right-hand side of the page and at the top of pages 2 and 3.

Note: Providing your SSN is mandatory, and PERS is authorized to request it for tax reporting purposes. It will be used to comply with mandatory IRS reporting.

Section A: Applicant information

Fill in the Applicant Information section completely.

- If you do not know your PERS number, leave the space provided blank.
- Enter your date of birth in the area provided. You must also present document(s) to verify your age. You will find a list of acceptable verification of age documents on page 2.
- If you do not have an e-mail address or prefer not to be contacted through you can e-mail leave that field blank.
- PERS must know your citizenship for tax purposes. Check the appropriate box indicating whether or not you are a U.S. citizen. If you are not a U.S. citizen, fill out form W-8BEN.

Section B: Effective retirement date (required)

Enter the month and year your retirement will begin. (Retirements always begin on the first day of the month.)

Note: Your effective retirement date will be the later of:

- the first of the calendar month following the date PERS receives your service retirement application,
- the first day of the calendar month following the date of separation (the last day you worked or were on a qualified paid leave) from all PERS-participating employers,

Section C: Retirement option election (required)

Check only one box in this section. Do not alter this section once you have made your election, or we will return your application to you. This could delay your benefit payment. **You can change your option by submitting a new, signed and notarized retirement application up to your effective retirement date.** (The option choice becomes irrevocable on your effective retirement date.) See page 6 of the *OPSRP Pension Program Pre-Retirement Guide* for information regarding registered domestic partners.

Section D: Beneficiary designation (required if a survivorship option is selected)

You can name only one beneficiary. You must provide your beneficiary's name, date of birth, and your relationship to the beneficiary. If you do not fill this section out completely, we will return the application to you. This could delay your benefit payment. **Note:** Providing the beneficiary's Social Security number is required.

A list of acceptable documentation to verify a beneficiary's date of birth is shown on the next page.

You can change your beneficiary up to your effective retirement date. See page 6 of the *OPSRP Pension Program Pre-Retirement Guide* for information regarding registered domestic partners.

Section E: Spousal consent and single member acknowledgement (required)

Check the box that corresponds with your marital status.

Married members

You and your spouse must both sign this section in front of a notary. Both signatures **must** be notarized. Failure to obtain spousal consent in this section will result in a Half-Survivorship Option with your spouse as your beneficiary.

Single members

You must sign the applicant signature line in front of a notary. Your signature **must** be notarized. If you do not do this, we will return your application to you. This could delay your benefit payment.

Section F: PERS Direct deposit authorization

Fill out this section if you want your retirement benefit directly deposited into your bank account. You will find additional instructions in Section G on the application. The sample voided check identifies the location of the routing and account numbers on a check.

PERS Retiree
1234 NW Center Street
Anytown, OR 20000

Void

Date _____

15-0000/000 1234

PAY TO THE ORDER OF _____ \$ _____

DOLLARS

ANYTOWN BANK
Anytown, OR 20000

Routing number

For _____

Account number

:250200125 :203030***10** ■ 1234

Do NOT include the check number.

Acceptable documentation to verify date of birth

PERS can accept the documents listed below as verification of age. Send copies, not originals, because PERS will not return the documents to you. Be sure to put your Social Security number on all documents so they are properly recorded.

If you cannot furnish the proof required in Group 1 or 2, send PERS a written explanation.

If it is illegal to copy a document, bring it to the PERS headquarters, and PERS will verify the birth information.

Group 1

If one item of this group is furnished showing birth dates, no further evidence of age is needed.

Any ONE of these:

- Birth verification issued by state, county, or country (Documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official.)
- Infant baptism certificate
- Hospital birth certificate (if signed by attending physician or issued by state)
- Passport (current or expired)
- School age record
- Family Bible record (If this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom.)
- Naturalization or citizenship papers

Group 2

Two items of this group from different sources are sufficient if age and/or birth date are shown.

Any TWO of these:

- A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)
- Certificate of military record
- Marriage record (Record must show your age or date of birth at time of marriage.)
- Copy of driver's license
- County voter registration (Must show your age or date of birth; do not send in your precinct card.)
- Copy of child's birth certificate if it shows parents' age.
- Social Security record (Record must be displayed on an estimate of benefits or screen print from the Social Security office. Document must be dated within the last 12 months.)

Example: One child's birth certificate and one driver's license.



11410 SW 68th Parkway, Tigard OR 97223
 Mailing Address – PO Box 23700, Tigard OR 97281-3700
 Phone – 503-598-7377 toll free – 888-320-7377
 Fax – 503-598-0561 website – <http://oregon.gov/pers>



22163

OPSRP Pension Program Retirement Application

Social Security number*									
PERS number (optional)									

Section A: Applicant information: (required)

Male Female

First name	Middle initial	Last name	Date of birth	Gender
Mailing address (street or PO box number)			E-mail (optional)	
City	State	Zip+4 code	Daytime phone	Evening phone

Are you a U.S. citizen or resident alien? Yes No If no, complete a W-8BEN.

Section B: Effective retirement date (required)

I am applying for an effective date of retirement the **first day of** _____, _____ .
 (Month) (Year)

Section C: Retirement option election (required)

Important reminder: Do NOT alter this section once you have made your election.

We strongly recommend you read the *OPSRP Pension Program Pre-Retirement Guide* before making this election.

Please check **only one** of the following retirement options:

- Single Life Option
- Full-Survivorship Option Full-Survivorship Increase Option
- Half-Survivorship Option Half-Survivorship Increase Option

Section D: Beneficiary designation (required if a survivorship option is selected)

- You can only name **one** beneficiary.
- You must include proof of your beneficiary’s date of birth in addition to your own when you submit this retirement application. See instructions for more information.

Beneficiary’s full name	Beneficiary’s Social Security number (required)*
Beneficiary’s date of birth	Beneficiary’s relationship to you (e.g., wife, brother, etc.)

If you are married, see Important Notice in Section E of the application.

*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

Section E: Spousal consent and single member acknowledgement (required)

Choose one of the boxes below, and follow the corresponding instructions.


Important notice: If you are married, your spouse is consenting to the option you selected in Section C and the beneficiary you named in Section D. Failure to obtain spousal consent in this section will result in a Half-Survivorship Option with your spouse as beneficiary. (See the *OPSRP Pension Program Pre-Retirement Guide*.)


As of my effective retirement date, I am married.

Both you and your spouse must sign in front of a notary in the appropriate boxed.

As of my effective retirement date, I am single.

If you are single, **sign the applicant signature** line in front of a notary. We cannot pay benefits without notarization.

 _____
Applicant signature (do not print) Date

 _____
Spouse signature (do not print) Date

Notary Public	
Use space for seal	
State of	County of
Signed before me on this date:	Applicant name
By (notary's signature)	My commission expires

Notary Public	
Use space for seal	
State of	County of
Signed before me on this date:	Spouse name
By (notary's signature)	My commission expires

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

Name: _____ Social Security number: _____

Section F: PERS Direct deposit authorization

First name Middle initial Last name Phone number (with area code)

Mailing address (street or PO box number) City State Zip+4 code


To sign up for direct deposit, complete this authorization. You must check the type of account (checking or savings), and sign and date this authorization. If you want your direct deposit to go to your checking account, attach a voided or canceled check. Do not attach a deposit slip.

If you are authorizing PERS to directly deposit your monthly benefit into your checking account but do not want to attach a voided or canceled check, or if you do not have printed personalized checks, please complete the bottom half of this form.

Type of account (check one) Checking (Attach a voided or canceled check.) Savings (Do not attach a voided or canceled check.)

Applicant certification - Required

I certify I have read and understand the information and instructions on this form. In signing this form, I authorize my payment to be sent to my financial institution and deposited to the designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account. If the funds have been withdrawn following my date of death, I authorize my financial institution to release the name and address of the person(s) responsible for withdrawing the funds.


 _____
Signature of payee

Date

Joint account holder's certification - Required

I certify I have read this form and understand I must advise PERS of the death of the above named applicant and that funds deposited into the account listed below after the date of death are to be refunded to PERS.

Joint account holder name (please print)

 _____
Signature of joint account holder

Date

--	--

Name of financial institution Account number
(Show the number exactly, including necessary spaces, zeroes, or dashes.)

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Branch name and number Branch telephone number Routing number

Financial institution mailing address (street or PO box number) City State Zip+4 code

Attach your voided or canceled check here. (For checking accounts only.)
Do not attach a deposit slip.

Note: PERS can only deposit funds to banks in the United States. This also applies to a direct deposit that will be transferred 100 percent into a bank outside of the United States.