

CHANGE RETIREMENT APPLICATION

These changes can only be made before the retirement is due and payable.

If you have applied for a *disability retirement* that has been approved by the Board of Trustees, you cannot change your retirement date or cancel your retirement.

Check one: ☐ Public Employees' Retirement System ☐ Police and Firemen's Retirement System
☐ Teachers' Pension and Annuity Fund

MEMBERSHIP NUMBER _____ SOCIAL SECURITY NUMBER _____

NAME _____

ADDRESS _____

☐ Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits and wish to make the following change to that application (check box that applies):

☐ **CHANGE RETIREMENT DATE** — I wish to change the effective date of my retirement from: _____ to _____. New retirement date **must be** the first day of any month after the receipt date of this change form. **Your employer must complete the salary certification on the back of this form.**

☐ **CHANGE RETIREMENT TYPE** — I wish to change the type of my retirement from: _____ to _____. To change to a disability retirement you must complete an *Application for Disability Retirement*.

☐ **CHANGE OPTION SELECTION (PERS & TPAF only)** — I wish to change my option selection from: _____ to _____. I understand that once my retirement is due and payable, no further change in option will be permitted. My signature indicates that I understand that if I choose the Maximum Option, there are no pension benefits payable to my spouse or other beneficiary. (If you wish to **change the option recipient** you **must** file a new *Application for Retirement Allowance*.)

☐ **CANCEL RETIREMENT** — I wish to cancel my retirement which was to be effective on: _____. I will continue in employment. I understand that my original application **cannot** be reinstated and that I must file a new retirement application when I apply again on a future date.

TERMS AND CONDITIONS OF RETIREMENT

- I understand that I must meet all of the eligibility requirements for retirement and **cannot submit an application more than one year before my retirement date** (if eligible for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that if I cancel or change my retirement date **it is my responsibility** to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date **does not** guarantee continued employment with my employer.
- I understand that I cannot make pre-arrangements with my employer to return to employment in any capacity.
- I understand that the beneficiary designation I indicated on my original retirement application **supersedes all prior designations**, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- **(PERS & TPAF only)** I understand that if I die prior to a new retirement date as indicated on this change request form, any retirement benefits that may be payable to a beneficiary **cannot be paid until the retirement date selected**.

MEMBER'S SIGNATURE

DATE

_____, 20____

I have read and agree to the "Terms and Conditions of Retirement", have not pre-arranged with my employer to return to employment in any capacity, and attest that the information provided on this application is true and correct.

CHANGE OF RETIREMENT EMPLOYER CERTIFICATION

1. _____

NAME OF EMPLOYEE	NAME OF EMPLOYER
SOCIAL SECURITY NUMBER	EMPLOYER'S PHONE NUMBER
MEMBERSHIP NUMBER	EMPLOYER LOCATION NUMBER

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification of Service and Final Salary – Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification of Service and Final Salary – Retirement*, **YOU CANNOT USE THIS FORM**. Instead, you **must** complete a *Certification of Service and Final Salary – Retirement* in its entirety and return it with this *Change of Retirement* form to the Division.

2. **DATE EMPLOYEE'S SERVICE TERMINATED** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) _____

3. **BASE SALARY SUBJECT TO PENSION FUND CONTRIBUTIONS** paid for the last full year of service ending on the date of termination (line 2 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

TOTAL

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

_____ months @ \$ _____ from _____ to _____ \$ _____

TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE \$ _____

4. **THE FOLLOWING DEDUCTIONS HAVE BEEN MADE** or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see **Quarterly Report of Contributions**).

State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER		PENSION CONTRIBUTION		LOAN REPAYMENT		BACK DEDUCTIONS		ARREARS AND/OR PURCHASES		TOTAL PENSION DEDUCTIONS	
							NO. PAY- MENTS	AMOUNT				
	\$		\$		\$			\$	\$		\$	
	\$		\$		\$			\$	\$		\$	

NAME OF CERTIFYING OFFICER _____ **PHONE NUMBER** (____) _____

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

CERTIFYING OFFICER'S SIGNATURE _____ **DATE** _____