



INSTRUCTIONS: If you qualify for benefits in more than one PERA Plan, a separate application is required for each plan.

1. **Complete the application in blue or black ink.** Incomplete applications will result in a delay or cancellation of your request.
2. **Both you and your spouse (if married) must sign the application in the presence of a notary.** Only applications with original ink signatures will be accepted.
3. **Mail or drop off your application at our office.** Copied, faxed, or emailed applications will not be accepted.

PERA
60 Empire Drive, Suite 200
Saint Paul, MN 55103-2088

PART A – YOUR INFORMATION

Apply for benefits by plan name. Choose only one box. A separate application is required for each plan in which you have coverage.

☐ Coordinated and/or Basic Plan ☐ Correctional Plan ☐ Police & Fire Plan

LAST NAME		FIRST NAME & MIDDLE INITIAL		PERA ID NUMBER	
ADDRESS—STREET			CITY	STATE	ZIP CODE
LAST FOUR OF SSN	BIRTH DATE—MM/DD/YYYY	PRIMARY PHONE NUMBER		PERSONAL EMAIL ADDRESS	
MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Unmarried	SPOUSE'S NAME - LAST		SPOUSE'S NAME – FIRST & MIDDLE INITIAL		BIRTH DATE—MM/DD/YYYY

PART B – RETIREMENT DATE

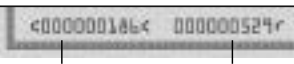
TERMINATION DATE –MM/DD/YYYY	TERMINATION DATE: Your date of termination is the day you separated public employment and are no longer considered a public employee.
BENEFIT EFFECTIVE DATE –MM/YYYY	BENEFIT EFFECTIVE DATE: This is the month your benefit begins. For most members, this is the month following your termination date (ex. termination date 6/12/20xx, benefit effective date 07/20xx). This date is required and your application will be invalid if not completed.
<input type="checkbox"/> Elected Officials: You're eligible to start your benefit the day following your last day in office: <input type="text"/> MM/DD/YYYY	

Deferred Member/Retroactive Benefit. You may be eligible for a retroactive benefit if you have terminated public employment in the past and are at a retirement-eligible age. PERA can pay up to five months retroactively after receiving your completed application and required documents.

Example: You submitted a complete application on 12/15/2022, so your earliest benefit effective date would be 7/2022.

PART C – DIRECT DEPOSIT

You may tape a voided check to this section - DO NOT attach a deposit slip. **If you choose to deposit into a savings account, you MUST contact your financial institution to verify the correct routing number, as it may not be the same number on your deposit slip.** Notify joint account holder(s) that they will be obligated to repay any benefit overpayment in the event of your death (if not repaid by your financial institution).

TYPE OF ACCOUNT <input type="checkbox"/> Checking <input type="checkbox"/> Savings	FINANCIAL INSTITUTION		INSTITUTION PHONE NUMBER
 Routing Number Account Number	ROUTING NUMBER	ACCOUNT NUMBER	

PART D – OTHER SITUATIONS

Check all situations that apply to you.

☐ **SERVICE WITH MULTIPLE MN PUBLIC/STATE PENSION PLANS**

Choose all that apply

- ☐ Teachers Retirement Association (TRA)
- ☐ Minnesota State Retirement System (MSRS) (*applies to pension plans only*)
- ☐ St. Paul Teachers Retirement Fund Association (SPTRFA)
- ☐ Minneapolis Employees Retirement Fund (MERF)
- ☐ Other (please specify): _____

Will you apply for a benefit from that plan in conjunction with your PERA benefit? ☐ Yes ☐ No

You must apply for each benefit separately – contact the other Fund for application information. For a Combined Service Annuity, you are required to terminate all Minnesota public service prior to beginning any PERA benefit. In addition, you must begin benefits within one year of each other.

- ☐ **DIVORCED:** If at any time you were divorced while employed in PERA-covered employment, send the entire copy of your divorce decree(s) with your application.
- ☐ **WIDOWED:** If your spouse is recently deceased and PERA has not been notified, please send in a copy of the death certificate along with the retirement application so we can update your account.
- ☐ **PHASED RETIREMENT:** If you are continuing employment under a PERA Phased Retirement Option (PRO), a *Phased Retirement Agreement* form must be submitted with your application (instead of the *Verification of Termination* form) before the PRO begins.
- ☐ **PRIVATIZATION:** If your medical facility privatized under Minnesota Statutes, Chapter 353F, send PERA the completed *Verification of Employment Status-Privatization* form (instead of the *Verification of Termination* form).
- ☐ **INDEPENDENT CONTRACTOR:** If you are considering being an independent contractor or an employee of an independent contractor, you may not have a prearranged agreement to return to work for the same PERA-covered employer before terminating. In addition after terminating public service, you cannot return to work to any MN public employer for 30 days.

PART E – TAX WITHHOLDING

Your benefit is subject to federal taxes and state taxes (based on your residency). State taxes can be withheld for MN residents; if you are a non-MN resident, contact your state for tax requirements.

PERA can withhold the default tax amount OR you can complete the federal and/or MN state tax form(s) to withhold a different amount.

» **Option 1 – Default Tax Withholding/No Tax forms**

If no tax forms are submitted with your Retirement Application, PERA will automatically withhold:

- Federal: Single, no adjustments.
- MN State (MN residents only): Single, 0 exemptions.

» **Option 2 – Complete Tax Forms**

To withhold a tax amount other than the default, you will need to submit a signed/completed W-4P federal tax form and/or W-4MNP MN state tax form with your Retirement Application. Incomplete/incorrect tax forms will default to Option 1.

- Federal – W-4P Tax Form: You can make any tax selection, including no withholding.
- MN State – W-4MNP Tax Form (MN residents only): You can make any tax selection, including no withholding.

PART F – BENEFIT SELECTION

Any alteration on this page of the application (white out, cross-out, etc.) will invalidate this form. **Please refer to your benefit estimate** or visit mnpera.org for a full explanation of benefit options. Your estimate will provide the dollar amount associated with each option.

CHOOSE ONLY ONE OPTION BELOW

SINGLE-LIFE BENEFIT

☐ All benefits end upon your death. (Proceed to notary section)

OR

SURVIVOR BENEFIT OPTIONS

Instead of a single-life benefit, you may choose one of the four survivor options below. Please provide the requested information about your designated survivor, as well as their proof of age and identity. If choosing a non-spouse, please see Important Information on page 4.

☐ 25% Survivor Option

☐ 50% Survivor Option

☐ 75% Survivor Option

☐ 100% Survivor Option

SURVIVOR'S INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL	
IS THIS YOUR SPOUSE?	SOCIAL SECURITY NUMBER	BIRTH DATE—MM/DD/YYYY	GENDER
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Male <input type="checkbox"/> Female

PART G – YOUR NOTARIZED SIGNATURE (AND SPOUSE IF MARRIED)

FOR COMPLETION BY YOU

I have read and understand the information on this application. My selection is for a retirement benefit which cannot be changed as of the date PERA issues my first payment. By accepting/receiving a retirement benefit, I am no longer eligible for PERA disability benefits. A right to a retirement benefit requires a complete and continuous separation from all Minnesota public employment for 30 days. There can be no written or verbal agreement prior to termination to provide services to a Minnesota public employer.

SIGNATURE OF APPLICANT

PRINTED NAME OF APPLICANT

Subscribed and sworn to before me this _____ Day

of _____, Year _____

SIGNATURE OF NOTARY

Notary Public of _____ County.

My Commission Expires _____

(NOTARY SEAL REQUIRED)

FOR COMPLETION BY YOUR SPOUSE (IF MARRIED)

A married member's application will be delayed without a notarized signature of the spouse. The application will be delayed by 60 days or more while PERA notifies the spouse of the application and benefit selection. If the spouse's signature is not received, by operation of law the 50 percent survivor option will be paid if the member selected either the single life or 25 percent survivor option.

I hereby acknowledge the benefit selection made by my spouse.

SIGNATURE OF SPOUSE

PRINTED NAME OF SPOUSE

Subscribed and sworn to before me this _____ Day

of _____, Year _____

SIGNATURE OF NOTARY

Notary Public of _____ County.

My Commission Expires _____

(NOTARY SEAL REQUIRED)

BEFORE YOU MAIL/DROP OFF YOUR APPLICATION

- ☐ **Completed, notarized application?** Are all sections complete? Did you indicate a benefit effective date? Did you select only one benefit option with no cross-outs/white-outs? Is your signature notarized, and if married, is your spouse's signature notarized? We can only accept your original application – do not fax or email.
- ☐ **Copies of age and identity documents?** Proof of your age and name is required. If you elect a survivor, proof of your survivor's age and name is also required. Send photocopies of these documents as originals will not be returned (we reserve the right to see the originals or certified copies if necessary).

ANY ONE OF THESE DOCUMENTS IN YOUR CURRENT NAME WILL PROVE YOUR AGE AND IDENTITY:

- Passport or passcard
- Enhanced Driver's License
- State Real ID
- A regular driver's license will not be accepted*

AGE—IF YOU DO NOT HAVE ONE OF THE ABOVE DOCUMENTS, SUBMIT ONE OF THE FOLLOWING FOR PROOF OF AGE

- Birth certificate
- Church record showing your birth date
- Hospital birth record
- Military record
- Marriage certificate showing your birth date
- Naturalization record (citizenship paper)
- Immigration record established upon arrival in the United States

IDENTITY—IF YOU HAVE CHANGED YOUR NAME: you must ALSO provide documentation for ALL name changes.

- Certificate of marriage
- Affidavit or other document issued by a court
- Church record of marriage, certified by custodian of such record
- Child's birth certificate showing your maiden name

If you furnish a document that is in a foreign language, someone who is familiar with the language (other than yourself) must prepare an affidavit of translation and sign it before a notary public. The affidavit must be sent to the PERA office with the appropriate document.

- ☐ **Verification of Termination form?** If you recently terminated, or will be terminating public service, your employer is required to sign this form verifying your date of separation and confirming you have no written or verbal agreement to return to work.
- ☐ **Other documents?** Are you divorced? Widowed? Beginning phased retirement? Review Part D for required documents.
- ☐ Make a copy of your application and required documents for your records.
- ☐ Review the Preparing for Retirement page at mnpera.org for additional information.

IMPORTANT INFORMATION

TERMINATION REQUIREMENTS: A right to a retirement benefit requires a complete and continuous separation from all public employment for 30 days. There can be no written or verbal agreement prior to termination to provide services to a public employer. Independent contractors and employees of an independent contractor may not work for their same employer for 30 days. Public employment includes service to any governmental employer in Minnesota— e.g. school districts, cities, counties, townships, and state agencies.

DATA PRIVACY NOTICE: PERA is asking for private data in order to process your request. You are not legally required to provide this information and may refuse to provide all or some of the information requested. However, PERA may not be able to process your request if you do not provide sufficient information. Unless you consent to further release of your private data, access to this information will be limited to the PERA staff who process your request. Your private data may also be released if required or authorized by state or federal law or by a court order.

NON-SPOUSE AGE RESTRICTIONS: As a 401(a) tax qualified plan, the PERA must follow benefit requirements set by the Internal Revenue Service (IRS). Among these requirements is a limitation on the total amount of annual benefits under Section 415 of the IRC. If you name your spouse as your survivor, there are no age restrictions. If you choose a non-spouse survivor, age restrictions may apply when selecting the 75 percent or 100 percent survivor options. There are no age restrictions on non-spouse survivors if you select either the 25 percent or the 50 percent survivor option. For more information, see the *Survivor Options Fact sheet* at mnpera.org/forms-publications.