



MSRS

Minnesota State Retirement System

MSRS ID #: _____ **R2**

or

Social Security #: _____

Application for Correctional Plan Benefit

The information you supply on this form is for internal use by the Minnesota State Retirement System (MSRS). You are not legally required to provide this information, but we may not be able to pay you a benefit without it.

Participant Information

Last name: _____ First name: _____ Middle initial: _____

Address: _____

City: _____ State: _____ Zip: _____

Home telephone number: _____ Daytime telephone number: _____

Last working day: _____ Benefit start date: _____

Married Single Divorced

Spouse's name: _____ Spouse's date of birth: _____

I do/ do not want to be contacted by the Minnesota Retired State Employees Association (MRSEA).

Benefit

Please note: If you retire on or after January 1, 2009, this application requires a spouse's notarized signature for a married member acknowledging the benefit selection of the member. If the spouse's signature is not notarized your application may not be processed in a timely manner.

An accelerated annuity provides a higher benefit now and a lower benefit at age 62 or 65.

Do you want an accelerated benefit? Yes No Choose one: 62 65

An optional benefit provides a lower payment now and payment to your named survivor after your death. The 100 Percent, 75 Percent and 50 Percent Options include a bounce-back feature. This means that if your survivor dies first, your benefit would increase to the Single-Life amount. ***You cannot change your selection after 30 days past the date of the authorization letter.***

Do you want an optional benefit? Yes No ***Complete the next section only if you want an optional benefit.***

If you select the 100 Percent, 75 Percent, or 50 Percent Option, attach a photocopy of your survivor's birth record.

- 100% Option:** 100 percent of the amount you receive goes to your survivor and includes a bounce-back feature. If your survivor is not your spouse, then your survivor cannot be more than 10 years younger than you for this option.
- 75% Option:** 75 percent of the amount you receive goes to your survivor and includes a bounce-back feature. If your survivor is not your spouse, then your survivor cannot be more than 19 years younger than you for this option.
- 50% Option:** 50 percent of the amount you receive goes to your survivor and includes a bounce-back feature.
- 15-Year-Period-Certain-and-Life-Thereafter:** You receive payment for life. If you die within the first 15 years, the remaining payments go to your survivor(s). If more than one survivor, list them on the back of this form.

Survivor's full name (include maiden name): _____

Survivor's Social Security #: _____ Relationship: _____

Spouse's Signature

I am the spouse of this member, I am aware of the survivor options available to protect me. I have read, understand and agree to the benefit selection of my spouse.

Spouse's Signature: _____ Date: _____

Subscribed before me this _____ day of _____, 20 _____

Notary Stamp

County of: _____

State of: _____

Notary public's signature: _____

Applicant's Signature

I am applying for my retirement benefit from MSRS. I verify all statements on this application are complete and true.

Applicant's signature: _____ Date: _____

Subscribed before me this _____ day of _____, 20 _____

Notary Stamp

County of: _____

State of: _____

Notary public's signature: _____

Survivor Information

List of survivors for the 15-Year-Period-Certain-and-Life-Thereafter Option

Name	Social Security #	Relation to Retiree

60 Empire Drive, Suite 300 | Saint Paul, MN 55103-3000
651-296-2761 | 1-800-657-5757 | Fax: 651-297-5238
www.msrs.state.mn.us

Call MSRS at 651-296-2761 or toll-free at 1-800-657-5757. Teletypewriter users and telecommunications-device-for-the-deaf (TDD) users call the Minnesota Relay Service at 1-800-627-3529, and ask to be connected to MSRS at 651-296-2761.