

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 your benefit without it.

1. Information about you (please type or print)

Last name	First name	MI	MSRS ID or SSN
Mailing address			
City		State	Zip code
Home phone		Alternate phone	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced			
Spouse's name		Spouse's date of birth	
Last working day		Benefit start date	

2. Benefit options

Do you want an optional benefit? Yes No **If yes, please select only one of the four options below.**

100 Percent 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, your survivor cannot be more than 10 years younger than you for this option.

75 Percent 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, your survivor cannot be more than 19 years younger than you for this option.

50 Percent Option 50 percent of the amount you receive goes to your survivor and includes a bounce-back feature.

If you select an option, attach a photocopy of your survivor's birth record.

You will receive an authorization letter confirming your benefit. You may change your benefit option up to 30 days from the date of the letter.

Survivor's full name (include maiden name) _____

Survivor's Social Security number _____ Relationship _____

Life Income, 15-Year Certain Option You receive payment for life. If you die within the first 15 years, the remaining payments go to your survivor(s). List survivor(s) on the back of this form.

Name	Social Security Number	Relationship to Member

3. 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 selected by my spouse.

Spouse's signature _____ Date _____

Subscribed before me this ____ day of _____, 20____

Notary Stamp

County of _____

State of _____

Notary public's signature _____

4. Applicant's signature

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

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

Applicant's signature _____ Date _____

Subscribed before me this ____ day of _____, 20____

Notary Stamp

County of _____

State of _____

Notary public's signature _____



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