

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

Legislators Plan provides an automatic 50 percent survivor option for your spouse. In lieu of the 50 percent option you may choose the 100 percent option. If you elect this option, you will receive a lower benefit in order to provide the survivor with maximum coverage. Check the box below to elect the 100 percent option.

**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.

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 \_\_\_\_\_

### 3. Spouse's signature

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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 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

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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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Telephone: 651-296-2761 | Toll-free: 1-800-657-5757 | Fax: 651-297-5238  
[www.msrs.state.mn.us](http://www.msrs.state.mn.us)

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.