



THE COMMONWEALTH OF MASSACHUSETTS
State Board of Retirement

ONE ASHBURTON PLACE, SUITE 1219, BOSTON, MA 02108

RETIREMENT INFORMATION SHEET

APPLICATION PROCESS

If you are actively employed or on a leave of absence you may file your application to retire up to 120 days before you plan to retire. If you file more than sixty (60) days after your last day on the payroll, your benefits **will not be retroactive** to your last day on the payroll. Your effective date of retirement will be 15 days from receipt of your application.

The State Retirement Board strongly recommends that you plan your retirement and **file at least 30 to 60 days in advance** of leaving your job. **Once your effective date of retirement has passed you cannot change your retirement option nor can you change your date of retirement.**

COUNSELING

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

If you are interested in individual counseling, walk-in counseling service is available at either of our offices:

Boston

One Ashburton Place, Room 1219, Boston, 02108
7:45 a.m. to 5:00 p.m., Monday through Friday.
Phone: 617-367-7770 or 1-800-392-6014 (Mass only)
Fax: 617-723-1438

Springfield

436 Dwight Street, Room 109A, Springfield, MA 01103
8:00 a.m. to 5:00 p.m., Monday through Friday
Phone: 413-730-6135
Fax: 413-730-6139

APPLICATION PROCESS CHECKLIST

When filing to retire, please include the following documents:

- Fully completed application** (pages 2-3)
- W-4P Federal Tax Withholding Form** (page 4) indicating withholding amount for federal income purposes
- Completed Option Selection Form** (pages 5-6)
- Authorization for Direct Deposit** of Retirement Benefit (page 7)
Direct Deposit is mandatory for all retirees.
- Copy of Your Birth Certificate**
- Copy of Veteran's Discharge papers** (DD 214), if applicable
- If you are taking Option C, a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- Signature is required on each of the following pages:** Page 2 (Retirement Application), Page 4 (W-4P Form), Page 5 (Option Selection Form), and Page 7 (Direct Deposit Form). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 5 (Option Selection Form) in addition to your signature. Look for the "X" throughout the application package.

Please read the instructions on the back page.

Please complete all required sections. Incomplete applications will delay processing.

1. MEMBER INFORMATION (required)

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name: _____ SS#: _____

I wish to retire on: (MM/DD/YYYY) _____ with _____ years and _____ months of service

All Former Names: _____

Current Place of State Employment: _____

Position: _____

Retirement Group (If Known): 1 2 3 (State Police only) 4

Date of Birth: (Copy of Your Birth Certificate Required) _____ Gender: M F

Are You a Veteran? No Yes (included copy of DD 214 with this application) Married? Y N

2. CONTACT INFORMATION (required)

E- Mail Address: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different): _____

City: _____ State: _____ Zip: _____

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name: _____

Spouse's Address (If Different): _____

City: _____ State: _____ Zip: _____

Is Spouse A Retiree of a Massachusetts State, City, Town or County Government? No Yes

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not provide a properly completed Option Selection Form, I will be awarded OPTION B.

Sign Here - X _____
Member Signature Date



Member Name:

SS#:

5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)

Department or Subdivision:	Start Date:	Date Service Ended:

*use additional sheet if necessary

6. MEMBER QUESTIONNAIRE (required)

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? No Yes
 If YES, please attach a *Termination Retirement Allowance Employer Certification Form* with this application.
 See additional information on termination retirement in the instructions on page 8.

b. Have you ever been convicted of an offense involving the funds or property of your place of employment? No Yes

c. Have you ever been convicted of an offense involving your position while in state service? No Yes

If yes to either of the above, please describe the offense(s): _____

d. Have you ever taken a refund? No Yes If YES, do you wish to buy back time? No Yes

Have you completed a buyback? No Yes

Do you have a buyback in progress? No Yes

e. Have you ever been on industrial accident leave? No Yes If yes, what years?

f. If divorced, are you a party to a Domestic Relations Order? No Yes Don't Know

(If Yes, please include a copy of your Domestic Relations Order)

If a W-4P federal income tax withholding statement is not filed, federal income tax withholding will be calculated as if you are married with three (3) exemptions.

MEMBER INFORMATION (required)

Print Name

Social Security Number

Address/City/Town/State/Zip

PLEASE CHECK BOX 1, 2, OR 3 AND COMPLETE CORRESPONDING INFORMATION: (required)

1

I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2

The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

A) **Marital Status:**

Single

Married

Married, but withhold at higher single rate _____

B) **Total exemption you wish to claim:** _____

C) **In addition to the above amount withhold an additional \$ _____ per month.**

3

I wish to have a flat rate of \$ _____ per month withheld.

SIGNATURE: (required) 

Member Signature

Date

MEMBER NAME: _____

SSN: _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and check box A, B, or C.

A

Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32. If choosing A, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

B

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

C

Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (complete this section only if choosing option C):

Beneficiary information for options A or B must be completed on the next page. **A copy of the beneficiary's birth certificate and marriage license** (if spouse) is required if Option C is selected and must be included with application.

Option C Beneficiary: _____ (Please print) _____ SSN _____

Gender: M F _____ Date of Birth: _____ Relationship to Member: _____

Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of option _____ selected above.
(enter option selection: A, B, or C)

Member Signature: X _____ Date: _____

3. WITNESS SIGNATURE (required)

Witness CANNOT be a beneficiary unless the witness is your spouse. If married, the witness must be your spouse.

Witness Signature: X _____ Date: _____

Print Name: _____

Address: _____

Skip this section if you chose Option C.

4. BENEFICIARY(IES) INFORMATION (required if Option A or B selected, PLEASE PRINT)

i.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:*\br/> <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
ii.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:*\br/> <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iii.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:*\br/> <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iv.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:*\br/> <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
v.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:*\br/> <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by choosing this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. My Designated Beneficiary(ies) listed above will receive only a prorated amount for the number of days I live in the month of my death. **There are no survivor benefits.**

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by choosing this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. The designated beneficiary(ies) listed above will also receive a prorated amount for the number of days I live in the month of my death. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by choosing this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister.

SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
SS#	Member ID (if known):	


SECTION B (required)

Name of Financial Institution:									
All Names on Account:									
Routing #:									
Depositor Account #:									
Please Check Appropriate Box: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account, voided check attached									
Are you receiving direct deposit in this account as an active employee of the commonwealth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
IF BEING DEPOSITED INTO A CHECKING ACCOUNT PLEASE INCLUDE A VOIDED CHECK									
<input type="checkbox"/>	Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.								

PLEASE SIGN BELOW (required)

“I, _____ hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Ashburton Place, Suite 1219, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge.”

 _____

 Signature Date

Direct Deposit is mandatory for all members retiring after January 1, 2010.
 Statements can be viewed online at www.mass.gov/payinfo
 If sending voided check, do not staple.



The Retirement Application, pages 2-3

Make sure you complete all sections of the application. Signature is required at the bottom of page 2.

- Section 1 - Don't forget to write down your requested retirement date!
- Section 2 - Let us know how to contact you. Please provide an email that you will have access to after your retirement.
- Section 3 - Leave blank if you are not married.
- Section 4 - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- Section 5 - List all the jobs you have had for a city, town, county, or state **in Massachusetts.**
- Section 6 - Answer questions a-f by checking appropriate boxes.

The W-4P Tax Form, page 4

If this form is not completed and submitted, the federal income tax withholding will be calculated as if you are married with three exemptions. **Your signature is required on the W-4P Tax Form.**

The Option Selection Form, pages 5-6

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 5.
- **Section 2 - Member Signature.** The Option Selection Form will not be processed without your signature. Enter your option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option A or B Beneficiary Information.** This space on page 6 is provided for members who choose Options A or B. *Skip this section if you choose Option C.*

The Direct Deposit Form, page 7

Direct deposit is required for all new retirees as of January 1, 2010. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Direct Deposit form.**

Important Notice Regarding Termination Retirement Applications

A termination retirement allowance, under section 10(2)(a) of chapter 32 of the General Laws of Massachusetts, is only available to a member of the State Employees' Retirement System with twenty or more years of eligible service whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

Under section 10(2)(a) of chapter 32, any member who is removed or discharged for violation of laws, rules, or regulations applicable to his or her office or position, or any member whose removal or discharge was brought about by collusion or conspiracy, is not entitled to a section 10 termination.

Section 10(2)(a) requires that the employer of any employee applying for a termination retirement allowance to certify in writing, under the pains and penalties of perjury, that one of the following circumstances applies: (1) that the employee has failed of reappointment, (2) that the employee's office or position has been abolished, or (3) that the employee has been removed or discharged from his or her position without moral turpitude on his or her part. Retirement Board decisions on requests for termination retirement allowances are subject to review by the Public Employee Retirement Administration Commission ("PERAC").

Additionally, under section 9B of chapter 93 of the General Laws of Massachusetts, any member who files a fraudulent application for a section 10 termination retirement allowance, for example, an application brought about by collusion or conspiracy, may be liable for a penalty of two thousand dollars, as well as double the amount of any section 10 termination allowances received.

If you are applying for retirement under the provisions of M.G.L. chapter 32, section 10, by reason of resignation, failure of reappointment, removal, or discharge, please attach a **Termination Retirement Allowance Employer Certification Form** with this application.

Other Important Information

- **Your First Payment** - expect your first payment 60 to 90 days after your retirement date. The first payment will be retroactive to your retirement date. If we receive your application more than 60 days after your last day on the payroll, your retirement date will be 15 days *after* we receive your application.
- **The Retirement Decision is final** - you cannot make any changes to your retirement once your retirement date has passed. Choose your retirement option and date carefully. You can withdraw your application up to 5:00 p.m. on the date of your chosen retirement date (must be a business day, Monday - Friday).