

**CHANGE RETIREMENT APPLICATION**

These changes can only be made before the retirement is due and payable.

If you have applied for a *disability retirement* that has been approved by the Board of Trustees, you cannot change your retirement date or cancel your retirement.

Check one:  Public Employees' Retirement System       Police and Firemen's Retirement System  
 Teachers' Pension and Annuity Fund

MEMBERSHIP NUMBER \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Check here if this is a new address.

I previously filed an *Application for Retirement Allowance* with the Division of Pensions and Benefits and wish to make the following change to that application (check box that applies):

**CHANGE RETIREMENT DATE** — I wish to change the effective date of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_. May be any first of the month after the receipt date of the original *Application for Retirement Allowance*. **Your employer must complete the salary certification on the back of this form.**

**CHANGE RETIREMENT TYPE** — I wish to change the type of my retirement from:

\_\_\_\_\_ to \_\_\_\_\_. To change to a disability retirement you must complete an *Application for Disability Retirement*.

**CHANGE OPTION SELECTION (PERS & TPAF only)** — I wish to change my option selection from:

\_\_\_\_\_ to \_\_\_\_\_. I understand that once my retirement is due and payable, no further change in option will be permitted. My signature indicates that I understand that if I choose the Maximum Option, there are no pension benefits payable to my spouse or other beneficiary. (If you wish to **change the option recipient** you **must** file a new *Application for Retirement Allowance*.)

**CANCEL RETIREMENT** — I wish to cancel my retirement which was to be effective on:

\_\_\_\_\_. I will continue in employment. I understand that my original application **cannot** be reinstated and that I must file a new retirement application when I apply again on a future date.

**TERMS AND CONDITIONS OF RETIREMENT**

- I understand that I must meet all of the eligibility requirements for retirement and **cannot submit an application more than one year before my retirement date** (if eligible for Deferred Retirement, I may file more than one year in advance upon termination of employment).
- I understand that if I cancel or change my retirement date **it is my responsibility** to notify my employer to ensure that any active health benefits are not canceled and that my employment remains uninterrupted.
- I understand that changing or canceling my retirement date **does not** guarantee continued employment with my employer.
- I understand that the beneficiary designation I indicated on my original retirement application **supersedes all prior designations**, even if my retirement is not yet effective or if I cancel my retirement. The Division of Pensions and Benefits will honor this as my most recent beneficiary designation on file, unless another beneficiary designation is made after the retirement application.
- **(PERS & TPAF only)** I understand that if I die prior to a new retirement date as indicated on this change request form, any retirement benefits that may be payable to a beneficiary **cannot be paid until the retirement date selected**.

MEMBER'S SIGNATURE

DATE

\_\_\_\_\_, 20 \_\_\_\_\_

*I have read and agree to the "Terms and Conditions of Retirement", and attest that the information provided on this application is true and correct.*

## CHANGE OF RETIREMENT EMPLOYER CERTIFICATION

1. \_\_\_\_\_

NAME OF EMPLOYEE	NAME OF EMPLOYER
SOCIAL SECURITY NUMBER	EMPLOYER'S PHONE NUMBER
MEMBERSHIP NUMBER	EMPLOYER LOCATION NUMBER

The employee named above has elected to change his/her retirement date to the date shown on the front of this form.

- **If you have already submitted** a *Certification of Service and Final Salary – Retirement* for the former date to the Division of Pensions and Benefits, please complete this form and return it to the Division.
- **If you have not already submitted** a *Certification of Service and Final Salary – Retirement*, **YOU CANNOT USE THIS FORM.** Instead, you **must** complete a *Certification of Service and Final Salary – Retirement* in its entirety and return it with this *Change of Retirement* form to the Division.

2. **DATE EMPLOYEE'S SERVICE TERMINATED** (Applicant will not render any service to or earn salaries, wages, fees or other compensation from this agency after this date.) \_\_\_\_\_

3. **BASE SALARY SUBJECT TO PENSION FUND CONTRIBUTIONS** paid for the last full year of service ending on the date of termination (line 2 above); please list number of months at a particular salary and show a total of 12 months for a 12-month employee or 10 months for a 10-month employee.

						TOTAL
#	_____ months @ \$ _____	from _____	to _____	\$ _____		
#	_____ months @ \$ _____	from _____	to _____	\$ _____		
#	_____ months @ \$ _____	from _____	to _____	\$ _____		
#	_____ months @ \$ _____	from _____	to _____	\$ _____		
<b>TOTAL BASE SALARY PAID FOR LAST YEAR OF SERVICE</b>						<b>\$ _____</b>

4. **THE FOLLOWING DEDUCTIONS HAVE BEEN MADE** or will be made from the member's base salary during the final two quarterly periods including the quarter in which service terminated (see **Quarterly Report of Contributions**).

**State biweekly reporting agencies should attach a screen print of TREADHOC biweekly certification with salaries projected until termination date in lieu of Item 4.**

QUARTER ENDING	BASE SALARY SUBJECT TO CONTRIBUTIONS THIS QUARTER	PENSION CONTRIBUTION	LOAN REPAYMENT	BACK DEDUCTIONS		ARREARS AND/OR PURCHASES	TOTAL PENSION DEDUCTIONS
				NO. PAYMENTS	AMOUNT		
	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____
	\$ _____	\$ _____	\$ _____		\$ _____	\$ _____	\$ _____

**NAME OF CERTIFYING OFFICER** \_\_\_\_\_ **PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_

By signing this statement I am certifying, under penalty of perjury, to the truthfulness of the information contained herein.

**CERTIFYING OFFICER'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_