

FORMS

Applying for Retirement under the Portable Benefit Package



State Universities Retirement System of Illinois

If you choose an optional form of annuity, this application is valid for up to 180 days prior to the date of your retirement. Otherwise, it is valid up to one year prior to the date your retirement annuity is to begin.

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APPLICATION FOR RETIREMENT ANNUITY Portable Benefit Package

Print or type using blue or black ink. Answer all questions. Failure to do so will cause your application to be returned and delay the process. Information for each section can be found in the instruction packet on the page indicated.

NOTE: If you wish to select the Lump-Sum Retirement Benefit, you do not need to fill out this application. To apply, contact SURS toll free at 800-275-7877 or direct at 217-378-8800.

PART 1 - Personal Information (Page 6)

Name (Last, First, Middle Initial)		Last four digits of Social Security # or Member ID #		Marital Status: Single/Widowed Married/Civil Union Divorced	
Home Address (physical location needed because of HIPAA Act)					
Mailing Address (can be a P.O. Box #)				Home Phone (include area code)	
Date of Birth (MM/DD/YY)	Termination Date (MM/DD/YY)	Date Annuity is to Begin (MM/DD/YY)		Daytime Phone (include area code)	
Your SURS-Covered Employer		Your Job Title		Email Address After Retirement	
Resident Status (check one box) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Nonresident Alien		If nonresident alien, list name of country or residence			

PART 2 - Authorization of Payment (Page 6)

I hereby authorize SURS to direct my recurring payments to my account indicated at the financial institution designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.	
Name of Financial Institution	Phone (include area code)
Complete Street Address	
City, State, Zip Code	Routing #
Check ONE box: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account <input type="checkbox"/> Money Manager Account	Account Number

NOTE: It is required that your name appears on the account of which your benefit payment is to be deposited. Please attach a personalized voided check or deposit slip. If these documents are unavailable, please provide a letter (original copy) from your financial institution stating your name and account number for verification.

PART 3 - Income Tax Withholding (next page, see Pages 6-9 of instruction packet)

**Withholding Certificate for
 Pension or Annuity Payments**

2017

Purpose. Form W-4P is for U.S. citizens, resident aliens, or their estates who are recipients of pensions, annuities (including commercial annuities), and certain other deferred compensation. Use Form W-4P to tell payers the correct amount of federal income tax to withhold from your payment(s). You also may use Form W-4P to choose (a) not to have any federal income tax withheld from the payment (except for eligible rollover distributions or for payments to U.S. citizens to be delivered outside the United States or its possessions) or (b) to have an additional amount of tax withheld.

Your options depend on whether the payment is periodic, nonperiodic, or an eligible rollover distribution, as explained in the instruction packet. Your previously filed Form W-4P will remain in effect if you don't file a Form W-4P for 2017.

What do I need to do? Complete lines **A** through **G** of the **Personal Allowances Worksheet**. Use the additional worksheets in the instruction packet to further adjust your withholding allowances for itemized deductions, adjustments to income, any additional standard deduction, certain credits, or multiple pensions/more-than-one-income situations. If you don't want any federal income tax withheld (see *Purpose*, earlier), you can skip the worksheets and go directly to the Form W-4P below.

Sign this form. Form W-4P is not valid unless you sign it.

Future developments. For the latest information about Form W-4P, such as legislation enacted after we release it, go to www.irs.gov/w4p.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____
B	Enter "1" if: { • You're single and have only one pension; or • You're married, have only one pension, and your spouse has no income subject to withholding; or • Your income from a second pension or a job or your spouse's pension or wages (or the total of all) is \$1,500 or less. }	B	_____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you're married and have either a spouse who has income subject to withholding or more than one source of income subject to withholding. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____
D	Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____
E	Enter "1" if you will file as head of household on your tax return	E	_____
F	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	F	_____
G	Add lines A through F and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	G	_____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet in the instruction packet. • If you're single and have more than one source of income subject to withholding or are married and you and your spouse both have income subject to withholding and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the Multiple Pensions/More-Than-One-Income Worksheet in the instruction packet to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line G on line 2 of Form W-4P below.		

----- Separate here and give Form W-4P to the payer of your pension or annuity. Keep the top part for your records. -----

**Withholding Certificate for
 Pension or Annuity Payments**

2017

▶ For Privacy Act and Paperwork Reduction Act Notice, see the instruction packet.

Your first name and middle initial	Last name	Your social security number
Home address (number and street or rural route)		Claim or identification number (if any) of your pension or annuity contract
City or town, state, and ZIP code		

Complete the following applicable lines.

1	Check here if you do not want any federal income tax withheld from your pension or annuity. (Do not complete line 2 or 3.) ▶	<input type="checkbox"/>	
2	Total number of allowances and marital status you are claiming for withholding from each periodic pension or annuity payment. (You also may designate an additional dollar amount on line 3.) ▶		_____
	Marital status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.		(Enter number of allowances.)
3	Additional amount, if any, you want withheld from each pension or annuity payment. (Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.) ▶		\$ _____

Your signature ▶

Date ▶

PART 4 – Election of Normal Form or Optional Forms of Annuity (Page 10)

Note: To elect an optional form of retirement annuity, you must apply within 180 days before your annuity payment period begins. Your election is irrevocable after the date your annuity payment period begins. This must be signed in front of a notary.

Married Section	<p><input type="checkbox"/> I certify I am married on the date my annuity payment period begins and elect the Normal Form of Annuity (a 50% Joint and Survivor Annuity). My spouse/civil union partner is:</p> <p>Name _____ SSN _____ Birth Date _____</p> <p><input type="checkbox"/> I certify I am married and elect an Optional Form of Annuity. I elect (check one option):</p> <p>Option 1 <input type="checkbox"/> Single-Life Annuity</p> <p>Option 2 <input type="checkbox"/> Joint and Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%. My contingent annuitant is:</p> <p>Name _____ SSN _____ Birth Date _____</p> <p>If you elected Option 1, your spouse/civil union partner must consent to this election. If you elected Option 2 and your contingent annuitant is someone other than your spouse/civil union partner, your spouse/civil union partner must consent to this election. A Notary Public must witness your spouse's/civil union partner's consent.</p> <p><i>Spousal Consent.</i> I hereby acknowledge the effect of and consent to the election made by my spouse/civil union partner in regards to the Optional Form of Annuity. I understand that by signing this consent, I will not receive any of my spouse's/civil union partner's benefit under the Plan. I understand that this consent is irrevocable unless my spouse/civil union partner revokes his or her election prior to the date his or her annuity commences or the lump sum benefit is paid.</p> <p>Signature of Member's Spouse/Civil Union Partner _____ Date _____</p> <p style="text-align: center;">To Be Completed By A Notary Public</p> <p>I, a Notary Public, hereby certify that on this date, _____ personally appeared before <small>(spouse's/civil union partner's name)</small></p> <p>me, who being first duly sworn, declared that (s)he is the spouse/civil union partner of _____, and <small>(member's name)</small></p> <p>that (s)he signed the above consent as his or her voluntary act and deed.</p> <p>Signature of _____ My Commission _____ NOTARIAL SEAL Notary Public _____ Date _____ Expires _____</p>
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Unmarried Section	<p><input type="checkbox"/> I certify I am unmarried on the date my annuity payment period begins and elect the Normal Form of Annuity (a Single-Life Annuity).</p> <p><input type="checkbox"/> I certify I am unmarried on the date my annuity payment period begins and elect a Joint and Survivor Annuity of (check one):</p> <p><input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%. My contingent annuitant is:</p> <p>Name _____ SSN _____ Birth Date _____</p>
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PART 5 - Retirement Systems Reciprocal Act (Page 10)

Service and earnings credits in the Illinois public retirement systems listed below may be considered together at retirement to determine your eligibility for and calculation of retirement benefits. Total benefits payable from all systems cannot exceed the maximum prescribed by any such retirement system(s).

All of my service is with SURS. Skip to Part 6.

I participated in the following other systems: **Check ALL boxes that apply and insert participation dates.**

Reciprocal Systems	Dates of Participation
<input type="checkbox"/> Chicago Teachers' Pension Fund	
<input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> Forest Preserve District Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> General Assembly Retirement System	
<input type="checkbox"/> Illinois Municipal Retirement Fund	
<input type="checkbox"/> Judges' Retirement System	
<input type="checkbox"/> Laborers' Annuity & Benefit Fund	
<input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund	
<input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> State Employees' Retirement System of Illinois	
<input type="checkbox"/> Teachers' Retirement System	

Check ONE box

I DO NOT ELECT to have my retirement benefits computed using the Reciprocal Act.

I ELECT to have my retirement benefit computed using the Reciprocal Act. **Note:** You will need to file an application with the other system(s) - see Page 2 for address and phone.

PART 6 – Required Documentation (Page 10)

If you have not already sent the following documents to SURS, you must include copies of them with this application.

- Copy of your birth certificate.
- If married, copy of your marriage/civil union certificate.
- Copy of birth certificate for any contingent annuitant listed in Part 4 of this application.
- Copy of your Medicare card or Letter of Ineligibility.
- Copy of your dependent's Medicare card or Letter of Ineligibility.
- State of Illinois Group Insurance Program Participation Election Form. (If applicable)

PART 7 – Member Signature (Page 10)

I will notify SURS immediately if:

- 1) I return to work for an employer covered by SURS within 60 days after my retirement date. I understand my retirement annuity will be cancelled, and all annuity payments made to me would have to be returned to SURS.
- 2) My citizenship status changes.

I understand that when my retirement annuity is calculated my service credit may be reduced if I was employed at 50 percent time or less for more than three years after Sept. 1, 1959.

I hereby certify that the statements contained in this application are correct to the best of my knowledge and belief. In witness whereof, this Application for Retirement Annuity is voluntarily executed by me.

Member Signature	Date
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BENEFICIARY DESIGNATION
Portable Benefit Package

Read the Beneficiary Designation Instructions before completing this form. Return the original. Do not fax.

Part 1 - Member Information (print or type)

Name (Last, First, Middle Initial)	Member ID #	Date of Birth
Address (all in this box)		Email Address
Phone (daytime)	Home Phone	Date of Marriage/Civil Union
Spouse/Civil Union Partner Name (If none, check this box <input type="checkbox"/>)	Spouse/Civil Union Partner Social Security #	Spouse/Civil Union Partner Date of Birth

Note: The designations below govern the payment of the Death Benefit only. They do not control the survivor annuity benefits which might become payable in addition to or instead of the Death Benefit.

An agent acting under a Power of Attorney (POA) must be expressly authorized to change the beneficiaries of a retirement plan. The agent cannot name himself or herself as beneficiary unless the POA expressly authorizes the agent to make gifts of the member's property to himself or herself.

Part 2 - Designation of Primary Beneficiary(ies)

I hereby revoke any and all previous designations of beneficiary and direct that any Death Benefit which shall become due and payable from the State Universities Retirement System, be paid to the following named beneficiary(ies) who survives me.

Note: Attach and sign a separate sheet if naming more beneficiaries and indicate whether they are primary or contingent. Also, you must obtain your spouse's/civil union partner's consent in Part 5 if you do not name him or her as sole primary beneficiary.

Name (First, Middle Initial, Last)	Social Security #	Birth Date	Relationship	Address

Part 3 - Designation of Contingent Beneficiary(ies)

If none of the above-named primary beneficiaries survive me, I hereby direct that the Death Benefit be paid to the following named contingent beneficiary(ies).

Name (First, Middle Initial, Last)	Social Security #	Birth Date	Relationship	Address

Part 4 – Signature and Witness

Signature of Member	Signature of Witness (other than beneficiaries listed above)	Date
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PART 5 – Notarized Consent of Spouse/Civil Union Partner

(Do not complete if your spouse /civil union partner is the only primary beneficiary named in Part 2.)

I hereby acknowledge the effect of and consent to the primary beneficiary designation made by my spouse/civil union partner. I understand this consent is irrevocable unless my spouse/civil union partner revokes his or her primary beneficiary designation. I have reviewed the Beneficiary Designation Instructions and I understand that by signing this consent I will not receive any portion of my spouse's/civil union partner's lump sum Death Benefit payable under the Plan, unless I am named a co-primary or contingent beneficiary and I outlive the primary beneficiary(ies).

Signature of Member's Spouse/Civil Union Partner _____ Date _____

To Be Completed By A Notary Public

NOTARIAL SEAL

I, a Notary Public, hereby certify that on this date, _____ personally appeared before me,
(spouse's/civil union partner's name)

who being first duly sworn, declared that (s)he is the spouse/civil union partner of _____,
and that (s)he signed the above consent as his or her voluntary act and deed. (member's name)

Signature of Notary Public _____ Date _____ My Commission Expires _____

