

**RETIREMENT ELIGIBLE APPLICATION
Self-Managed Plan (SMP)**

Print or type using blue or black ink. Answer all questions. Failure to do so will cause your application to be returned. Instructions for each section can be found on the page provided.

PART 1 - Personal Information

Name (Last, First, Middle Initial)		Social Security Number	Member ID
Home Address (physical location needed due to HIPAA Act)			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Mailing Address (can be a P.O. Box #)		Home Phone (include area code)	
Date of Birth (MM/DD/YY)	Termination Date	Distribution or Annuity Date	Daytime Phone (include area code)
Your SURS-Covered Employer		Your Job Title	E-mail Address After Retirement
Citizenship Status (check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien...complete W-9 (www.surs.org/forms) <input type="checkbox"/> Nonresident Alien...complete W-8BEN (www.surs.org/forms)			
<p>If you have not already sent the following documents to SURS, you must include copies of them with this application: 1) Copy of your birth certificate. 2) If married, copy of your marriage/civil union certificate. 3) Copy of birth certificate for any beneficiary listed in Part 3 of this application. 4) Copy of your and your dependent's Medicare card or letter of Ineligibility. 5) W4-P, if taking monthly annuity.</p>			

PART 2 - Retirement Systems Reciprocal Act

Service in the Illinois public retirement systems listed below may be considered together at retirement to determine your eligibility for retirement benefits.

All of my service is with SURS. Skip to Part 3.

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 Retirement Systems of Illinois	
<input type="checkbox"/> State 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 6 for address and phone.

PART 3 – Election of Normal Form or Optional Form of Distribution

Contact your fund provider(s), page 5, to obtain an illustration of distribution options and amounts.

Note: Your election is irrevocable after the 180-day election period. Please choose ONE option.

MARRIED SECTION

I certify I am married and elect the **Normal Form** of Distribution:

Option 1 – Joint & Survivor Annuity of 50%. (Payment will end upon death of you and your spouse/civil union partner.)

Spouse/civil union partner: Name _____ SSN _____ Birth Date _____

OR

I certify I am married and elect one of these **Optional Forms** of Distribution: (choose beneficiaries for options 5, 6 or 7)

Option 2 – Lump Sum Distribution (will be sent to mailing address in Part 1)

Option 3 – Direct Rollover of Lump Sum Distribution (complete Part 4)

Option 4 – Single Life Annuity (payment ends at your death)

Option 5 – Single Life Annuity with a Guaranteed Period of: 10 yrs. 15 yrs. 20 yrs.

Primary beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Contingent beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Option 6 – Joint & Survivor Annuity of (check one): 50% 100% (payment ends at the death of you and your beneficiary)

Beneficiary is: _____
(Name) (Relationship) (SSN) (Birth Date)

Option 7 – Joint & Survivor Annuity of (check one): 50% 100%
with a Guaranteed Period of 10 yrs. 15 yrs. 20 yrs.

Primary beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Contingent beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

If you elected an Optional Form of Distribution, your spouse/civil union partner must consent to this election. A Notary Public must witness your spouse's/civil union partner's consent.

Spouse/Civil Union Partner Consent - I hereby acknowledge the effect of and consent to the election made by my spouse/civil union partner regarding the Optional Form of Distribution. 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 distribution commences or the lump sum benefit is paid.

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

To Be Completed By A Notary Public

I, a Notary Public, in and for the County of _____, State of _____, hereby certify that on this date, _____ personally appeared before me, who being first duly sworn, declared that (s)he is
(spouse's/civil union partner's name)

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 _____ NOTARIAL SEAL

Contact your fund provider(s), page 5, to obtain an illustration of distribution options and amounts.

UNMARRIED SECTION

I certify I am unmarried and elect the **Normal Form** of Distribution:

Option 1 – Single-Life Annuity (Payment will end at your death.)

-----OR-----

I certify I am unmarried and elect one of these **Optional Forms** of Distribution: (choose beneficiaries for options 4, 5 or 6)

Option 2 – Lump Sum Distribution (will be sent to mailing address in Part 1)

Option 3 – Direct Rollover of Lump Sum Distribution (complete Part 4)

Option 4 – Single Life Annuity with a Guaranteed Period of: 10 yrs. 15 yrs. 20 yrs.

Primary beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Contingent beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Option 5 – Joint & Survivor Annuity of (check one): 50% 100% (payment ends at the death of you and your beneficiary)

Beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Option 6 – Joint & Survivor Annuity of (check one): 50% 100%
with a Guaranteed Period of 10 yrs. 15 yrs. 20 yrs.

Primary beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

Contingent beneficiary: _____
(Name) (Relationship) (SSN) (Birth Date)

PART 4 – Direct Rollover of a Lump Sum Distribution

If you wish to authorize a direct rollover of an eligible rollover distribution, complete this section. Failure to complete all information could delay the transaction.

Name of Institution

Street Address

City/State/Zip Code

Check one:

Qualified Retirement Plan, Account # _____

Traditional IRA, Account # _____

403(b) Tax Sheltered Annuity, Account # _____

Governmental Plan 457, Account # _____

Roth IRA, Account # _____

Simple IRA, Account # _____ (Complete Simple IRA Certification at www.surs.org/forms)

NOTE: If you have attained age 70½, a minimum distribution must be paid to you as a lump sum prior to rolling over the balance of your account. Federal income tax will be withheld from the Minimum Required Distribution (MRD) at the rate required by law. Contact your fund provider to determine the amount of the Minimum Required Distribution.

PART 5 – Authorization of Recurring Payments

I hereby authorize that recurring payments be directed 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"/> Money Manager Account # _____ <input type="checkbox"/> Savings Account # _____	

NOTE: If checking account is marked, tape a voided check here

*If you are annuitizing with TIAA and you marked Money Manager Account or Savings Account, you must obtain a Letter of Authorization with a Bank Signature Guarantee from your financial institution.

PART 6 – Member Signature

I hereby certify that the statements contained in this application are correct to the best of my knowledge and belief and I have read and understand all general information pertaining to my distribution.

In witness whereof, this Application for Benefit is voluntarily executed by me.

Member Signature _____ Date _____

PART 7

For SURS Use Only	_____ SURS Authorized Signature	_____ Date
	_____ Phone Number	

**Please complete and return this application to SURS • 1901 Fox Dr. • Champaign, IL 61820-7333 • 1-800-275-7877
Faxes will NOT be accepted.**

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