

FORMS

Applying for Retirement  
under the  
Traditional Benefit Package



State Universities Retirement System of Illinois

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**This application is valid up to one year prior to the date your retirement annuity is to begin.**

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## APPLICATION FOR RETIREMENT ANNUITY Traditional 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.**

### PART 1 - Personal Information (Page 3)

Name (Last, First, Middle Initial)		Last four digits of Social Security # or Member ID #		Marital Status: <input type="checkbox"/> Single/Widowed <input type="checkbox"/> Married/Civil Union <input type="checkbox"/> 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 <b>one</b> 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 3)

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 <b>ONE</b> 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 4-6 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](http://www.irs.gov/w4p).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</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>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter the number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return . . . . .	<b>E</b> _____
<b>F</b>	<b>Child Tax Credit</b> (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 <b>less</b> "1" if you have two to four eligible children or <b>less</b> "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 . . . . .	<b>F</b> _____
<b>G</b>	Add lines A through F and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►  For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> in the instruction packet. • If you're <b>single and have more than one source of income subject to withholding</b> or are <b>married and you and your spouse both have income subject to withholding</b> and your combined income from all sources exceeds \$50,000 (\$20,000 if married), see the <b>Multiple Pensions/More-Than-One-Income Worksheet</b> in the instruction packet to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line G on line 2 of Form W-4P below.	<b>G</b> _____

----- 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	<b>Your social security number</b>
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 <b>do not want any</b> 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 <b>periodic</b> pension or annuity payment. (You also may designate an additional dollar amount on line 3.) . . . . . ► _____	
	<b>Marital status:</b> <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. ( <b>Note:</b> 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 - Retirement Systems Reciprocal Act (Page 7)**

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 5.
- 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 5 – Required Documentation (Page 7)**

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 survivor listed in Part 6 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 6 – Survivors Insurance Beneficiary Information (Page 7)**

Upon your death, SURS will pay a survivor annuity to each eligible survivors insurance beneficiary. A survivors insurance beneficiary is a spouse/civil union partner; unmarried child under 18 (or under 22 if full-time student); disabled child over 18 if disabled prior to age 18; or dependent parent age 55 or older.

**Check ONE box**

- I certify that I DO NOT have a survivors insurance beneficiary and **WAIVE THE REFUND** of my survivor contributions. I understand that this refund is available only at the date of my retirement and that by waiving this refund I retain the right of a future survivors insurance beneficiary or future spouse/civil union partner (if we have been married for at least one year prior to the date of my death) to qualify for survivor benefits. **Go to Part 7.**
- I certify that I DO NOT have a survivors insurance beneficiary and **APPLY FOR THE REFUND DUE TO ME.** I hereby release SURS from any obligation for survivor benefits on account of any service rendered by me to any employer under SURS prior to the date that my status as an employee terminated. *Note: Additional information will be mailed to you prior to finalizing your claim. This refund is available only at retirement and will be paid upon finalization of your retirement claim.* **Go to Part 7.**
- I DO have a survivors insurance beneficiary. **Check ALL boxes that apply below and complete corresponding information.**

Survivor	Name	Social Security #	Birth Date
<input type="checkbox"/> Spouse/civil union partner			
<input type="checkbox"/> Unmarried child under 18			
<input type="checkbox"/> Unmarried child under 18			
<input type="checkbox"/> Unmarried child under 22, full-time student			
<input type="checkbox"/> Unmarried child under 22, full-time student			
<input type="checkbox"/> Disabled child over 18, if disabled prior to age 18			
<input type="checkbox"/> Dependent parent age 55 or older			

**PART 7 – Member Signature (Page 7)**

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.

<b>Member Signature</b>	<b>Date</b>
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RTAPP/F004/101016

**OPTIONAL FORM**

**ELECTION OF REVERSIONARY ANNUITY**

Complete **ONLY** if you wish to purchase a Reversionary Annuity for an **eligible dependent beneficiary**. (Page 7)

**Note: This election must be on file with SURS 30 days prior to the date your retirement annuity begins.**

**PART 1 – Member Information (print or type)**

Name (Last, First, Middle Initial)	Last 4 Social Security or Member ID #	Date of Birth
Street	Name of Beneficiary	Relationship
City, State, Zip Code	Beneficiary Social Security #	Beneficiary Date of Birth

**PART 2 – Option Selection (check one box)**

I elect a reversionary annuity under OPTION 1. I understand that if my beneficiary dies after my retirement annuity begins, I will **continue to receive the reduced retirement annuity** during my lifetime.

I elect a reversionary annuity under OPTION 2. I understand that if my beneficiary dies after my retirement annuity begins, **my full retirement annuity will be resumed**.

**PART 3 – Election of Amount of Reversionary Annuity my Beneficiary will Receive (check one box)**

I elect that the reversionary annuity payable to my beneficiary after my death shall be the maximum amount, which when added to the monthly survivor benefit, shall equal the reduced retirement annuity payable during my lifetime. The retirement annuity otherwise payable will be reduced by the actuarial equivalent of the amount required to provide the reversionary annuity.

I elect that the reversionary annuity payable to my beneficiary after my death shall be \$ \_\_\_\_\_ per month. (This is the amount you wish your beneficiary to receive, not the amount to be deducted from your check.) The combined reversionary annuity and the monthly survivors benefit shall not be more than the reduced retirement annuity payable during my lifetime. The retirement annuity otherwise payable will be reduced by the actuarial equivalent of the amount required to provide the reversionary annuity.

**PART 4 – Notification and Signature**

This election will not be effective unless your death occurs *after* your retirement annuity begins. The reversionary annuity will be in addition to the survivor benefit that may be payable under Sections 15-145, 15-146, and 15-146.1 of the Retirement Law, but the combined reversionary annuity and monthly survivor benefit shall not exceed your reduced retirement annuity. Under Option 2, if the beneficiary named above should die after your retirement annuity begins and prior to your death, this election will become inoperative and you will resume your full retirement annuity. This election will become operative only if the beneficiary named above is dependent upon you at the time your retirement annuity begins. (A spouse is automatically considered dependent under the Retirement Board Rules. Any other beneficiary is considered dependent only if he or she is receiving at least one-half support from you). You cannot revoke this election unless you notify SURS in writing before the retirement annuity payment period begins.

I certify that the information on this form is true and correct to the best of my knowledge and belief.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Your election must be on file with SURS at least 30 days before the date your retirement annuity begins.**

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**BENEFICIARY DESIGNATION  
Traditional 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.

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**

Signature of Member	Date
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