

**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 (M/D/Y)	Termination Date	Distribution or Annuity Date	Daytime Phone (include area code)
Your SURS-Covered Employer		Your Job Title	E-mail Address After Retirement
Tax Status (check one) <input type="checkbox"/> (1) U.S. Citizen or Lawful Permanent Resident (LPR) <input type="checkbox"/> (2) Non-LPR Alien meeting the Substantial Presence Test <input type="checkbox"/> (3) Non-resident Alien residing in a foreign country (complete W-8BEN at www.surs.org/forms)			
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) Form W4-P, if taking monthly annuity and are a U.S. citizen, Lawful Permanent Resident or a non-LPR alien who met the Substantial Presence Test.			

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 of Chicago	
<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 Systems 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 6 for address and phone.

APPLICATION CONTINUES ON NEXT PAGE

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 90-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)

Survivor: _____
(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.

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

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

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

If you elected options 2 through 7, 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 _____,

do hereby certify that on this ____ day of _____, 20____,

_____ 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
(member's name)

above consent as his or her voluntary act and deed.

Signature of Notary Public _____

My Commission Expires _____

Notary 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:			
<input type="checkbox"/> 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)			
<input type="checkbox"/> Option 2 – Lump-Sum Distribution (will be sent to mailing address in Part 1)			
<input type="checkbox"/> Option 3 – Direct Rollover of Lump-Sum Distribution (complete Part 4)			
<input type="checkbox"/> Option 4 – Single Life Annuity with a Guaranteed Period of: <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Primary beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Contingent beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
<input type="checkbox"/> Option 5 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% (payment ends at the death of you and your beneficiary)			
Survivor: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
<input type="checkbox"/> Option 6 – Joint & Survivor Annuity of (check one): <input type="checkbox"/> 50% <input type="checkbox"/> 100% with a Guaranteed Period of <input type="checkbox"/> 10 yrs. <input type="checkbox"/> 15 yrs. <input type="checkbox"/> 20 yrs.			
Survivor: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
Beneficiary: _____			
(Name)	(Relationship)	(SSN)	(Birth Date)
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. By directly rolling over your balance to another eligible retirement account, the amount directly rolled over will not be subject to any federal income tax withholding. Nor will it be taxable at this time, unless it is rolled over to a Roth IRA.	
Name of Institution	Account Number
Mailing Address	
City/State/Zip Code	
Check one: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Governmental 457(b) Plan <input type="checkbox"/> 401(a) or 401(k) Plan <input type="checkbox"/> 403(b) Plan <input type="checkbox"/> Simple IRA (complete Simple IRA Certification at www.surs.org/forms) <input type="checkbox"/> Roth IRA	
For Roth IRA Only: <input type="checkbox"/> Withhold Federal Taxes of _____ percent, <input type="checkbox"/> Do Not Withhold Federal Taxes	
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.	

APPLICATION CONTINUES ON NEXT PAGE

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: Checking Account # _____ Money Manager Account # _____
 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

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.

In lieu of Items 2 and 3, if I am not a U.S. citizen or other U.S. person and am subject to backup withholding as a non-resident alien, then I certify that the statements in the attached Form W-8BEN are, to the best of my knowledge and belief, true, correct, and complete.

My name and resident address are correct

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Written Signature _____ Date _____

Mail original application to: SURS, P.O. Box 2710, 1901 Fox Drive, Champaign, IL 61825-2710
Faxes will NOT be accepted. Toll free – 800-275-7877 Direct – 217-378-8800

PART 7 – For SURS Use Only

SURS Authorized Signature: _____ Phone Number: _____ Date: _____