ERSGA
Employees' Retirement System of Georgia
Serving those who serve Georgia

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Toll Free 1-800-805-4609
www.ers.ga.gov

Public School Employees Retirement System

Service Retirement Application

General Instructions

- This Service Retirement Application may be used only for the Public School Employees Retirement System (PSERS) administered by the Employees' Retirement System of Georgia (ERSGA).
- Please type or print, using black ink.
- Read all instructions carefully. The instructions on even-numbered pages correspond to the section of the form to be completed on odd-numbered pages. The form begins on page 5.
- Remember you will need to initial, write the last four numbers of your Social Security number, and date on pages 7, 9, & 11. Please note that page 13 will need to be completed and notarized. Your signature, the last four numbers of your Social Security number, and the date are needed on page 15.
- Make a copy of the application and any attachments for your records.
- Return completed application directly to ERSGA.

Omitted or incomplete information will delay processing. (See the check list on page 14.)

Privacy Note

IRS regulations require ERSGA to obtain the social security number of any member before processing his or her election to retire. Disclosure is mandatory and this application will not be processed without this information.

Filing Your Application

This application may be filed with ERSGA *no sooner than* 90 days before the effective date of retirement. Retirement applications that are received *less than 30 days before the effective retirement date* will result in a retroactive payment on the next available monthly payroll. This application is not considered filed until it is received by ERSGA.

Effective Retirement Dates

All retirement dates are effective on the first day of the month, after your date of termination (or separation) upon meeting the service and/or age qualifications. The first monthly retirement allowance is paid on either the last working day of the month in which your retirement effective date occurs or the next available payroll month.

The Board of Trustees and PSERS developed this retirement application to provide general information about your retirement benefits. In the case of any conflict between what is presented here and the laws governing this System, the law will take precedence.

Disability Retirement

This application is for service retirement only. If you wish to apply for disability retirement, please access our website or contact our office (see page 1 for contact information) and request a PSERS Disability Retirement Application.

Before Retirement

Making Changes to this Application after Filed

Any changes in the retirement allowance options, dates or beneficiaries listed in this application must be received by ERSGA in writing **prior to** the last work day of the effective month of retirement. Changes received less than 15 days prior to this date may delay the issuance of your first check. All retirement options are final after this date except under very specific circumstances. This exception is specified in the options instructions of this form.

Purchasing Service

All service purchases must be completed prior to termination.

Terminating State Employment

After receiving your retirement application, ERSGA will contact your state employer for confirmation of retirement. You must terminate from state employment prior to the effective date of your retirement. If you fail to terminate your state employment or return to state employment within one month of the effective retirement date, this application will be void.

After Retirement

Re-Employement Limitations

All service retirees who return to PSERS-covered employment after retirement and after age 65 must choose whether to continue to receive the retirement benefit or become an active PSERS member again. If under age 65, you will automatically become an active member upon rehire and your retirement benefit will be suspended. Upon attaining age 65 during the period of rehire, the member will have the opportunity to elect whether to continue as a member or begin receiving a monthly benefit again.

Disability retirees may <u>not</u> go back to work for the school system in the same type position from which they retired.

Cost Of Living Adjustments (COLA's)

- • Subject to the approval of the ERS Board, COLA's may be given up to twice a year.
- A cost of living adjustment (COLA) is not guaranteed and you should not base your financial decisions on the possibility of a COLA until a COLA has been announced.
- You must be retired for one month to be eligible for a COLA.

Making Changes

Retirement Options

Options cannot be changed on or after the first day the retirement allowance normally becomes due on the last business day of the effective retirement month or payroll month, whichever is later, unless you are unmarried at the time of retirement. If you are not married when you begin to receive your retirement benefit, and you subsequently marry, you may change your benefit payment option within six months of your marriage to an actuarially reduced benefit that provides your new spouse with a survivor benefit.

Beneficiaries

- Primary Beneficiary(ies) –
  - If you chose the Maximum Plan or Option B Period Certain, you may change your Primary Beneficiary(ies) at any time.
  - If you chose the Option A(a), A(b), A(c) Specified or A(c) Max Beneficiary Amount at retirement, the right to change your Primary Beneficiary is limited.
- Secondary Beneficiary(ies) – Secondary Beneficiaries may be changed at any time, regardless of your retirement option.
- Beneficiary changes take effect when ERSGA receives the changes in writing. You can download a copy of the Retiree's Change of Beneficiary form from our website: www.ers.ga.gov.

Address and Taxes

Changes for your address, federal taxes, and state of Georgia taxes can be made at any time. Changes received in the ERSGA office by the 18th of the month should be reflected on that month's check. You can make these changes online through *Account Access* or download copies of the address change, federal tax, and state of Georgia tax withholding forms from our website: www.ers.ga.gov. Some changes may be made over the phone.

Direct Deposit

Direct deposit is mandatory and should begin with your first monthly benefit payment. You can make changes online through *Account Access*, or download a copy of our Direct Deposit form from our website: www.ers.ga.gov.

Retirement Application

NAME
Please print/type your name as you would like it to appear on your retirement check.

DATE OF BIRTH and SOCIAL SECURITY NUMBER
Any discrepancies must be resolved prior to any payment of benefits.

MAILING ADDRESS
Please print or type the mailing address where you would like us to mail your first check.

EMAIL ADDRESS
Please print or type your personal email address.

HOME PHONE # and WORK PHONE #
Please print or type your home phone number or cell phone number and your work phone number or the best day-time contact number.

MARITAL STATUS
Please check the box in front of your current marital status.

CURRENT EMPLOYER
Please print or type the name of your current employer or last state employer.

EFFECTIVE DATE OF RETIREMENT
Your effective retirement date will always be on the first day of the month. For example: If your last day of work is in May, your retirement date will be June 1.

TYPE OF RETIREMENT

Service
• Age 60 or older with at least 10 years of service

Disability
If you wish to apply for disability retirement, please access our website or contact our office (see page 1 for contact information) and request a PSERS Disability Retirement Application.

• In service with at least 15 years of creditable service
• Must be unable to perform your job due to a permanent medical condition

Subject to ERS Board approval.

ERSGA
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Serving those who serve Georgia

D 5 $ P R S

SERVICE RETIREMENT APPLICATION – PSERS

Name_____

Date of Birth _____ Social Security# _____
MM/DD/YYYY

MailingAddress_____
Street / PO Box

_____
City State Zip Code

Email Address_____

Home Phone# _____Work Phone# _____

Marital Status (Check One): ☐ Single ☐ Married

☐ Widowed ☐ Divorced

Current Employer (School System)

_____

Effective Date of Retirement 1st Day of _____ _____
Month Year

Type of Retirement (See instructions page 4)

☐ Service

Retirement Options

Maximum Plan: This option provides the highest, lifetime monthly benefit to you. You may name your Estate, a charity, a trust or a living person(s) as your beneficiary. You may change your beneficiary(ies) at any time.

Option A: These options provide a reduced monthly benefit for your lifetime and a survivor benefit at your death. If your beneficiary predeceases you, your monthly allowance will terminate at your death. (Multiple beneficiaries will receive partial amounts based on age.)

Option A(a) 100% Joint & Survivor* - At your death, your named, living, primary beneficiary designated at retirement will receive the same monthly allowance.

Option A(b) 50% Joint & Survivor - At your death, your named, living, primary beneficiary designated at retirement will receive half of your monthly allowance.

Option A(c): Option A(c) is highly individualized and you may be able to convert your monthly allowance into one of several methods of payment. If you are interested in Option A(c), please visit our self- service website or request an estimate before choosing. The most common choices for Option A(c) are:

Flat amount to beneficiary: You designate how much you want your primary beneficiary named at retirement to receive after your death. You may not specify more than the amount payable to you.

Max Amount to Beneficiary*: *If Option A(a) is unavailable because you have listed a non-spouse beneficiary more than 10 years younger than you, this option provides the highest possible benefit to your beneficiary:* This option provides a reduced monthly benefit for your lifetime and the highest survivor benefit at your death to your primary beneficiary(ies) named at retirement.

Option B: Under this option you will be paid a monthly benefit for the guaranteed payment period you select (5, 10, 15, or 20 years) or for your lifetime, whichever is longer. Upon your death, any payments remaining payable under the guaranteed period will be paid to your beneficiary.

5 Years (60 Payments)
10 Years (120 Payments)
15 Years (180 Payments)
20 Years (240 Payments)

**Please note: To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Option A(a) if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of the maximum permissible amount which can be allocated to the non-spouse beneficiary. The maximum permissible amount will be available under Option A(c) Max Amount to Beneficiary.*

Regardless of Option Elected: If the Gross benefits paid to you the retiree and your beneficiary(ies) do not exceed your contributions and interest amount at the time of retirement, a refund of the remaining amount will be paid to the primary beneficiary(ies) unless the primary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

<u>Monthly</u> Retirement Allowance Options

Please check only *<u>one</u>* box below to indicate your choice of monthly retirement allowance option. If you make a mistake, write your initial next to the correct choice. You may reference page 6 of this application, your estimate, the handbook, or Option Chart for additional information regarding the options.

☐ MAXIMUM PLAN – Benefits cease after my death.

OPTION A JOINT & SURVIVOR– I will be paid a monthly benefit for my lifetime. Upon my death, my named living primary beneficiary will receive a lifetime monthly benefit based on the choice I select below.

☐ OPTION A(a) 100% Joint & Survivor – At my death, my beneficiary will receive the same amount I received as a monthly benefit.

☐ OPTION A(b) 50% Joint & Survivor – At my death, my beneficiary will receive half of the amount I received as a monthly benefit.

OPTION A(c) – A highly individualized method of payment.

☐ FLAT AMOUNT TO BENEFICIARY - I want my named primary beneficiary to receive $ ____ per month after my death.

☐ MAX AMOUNT TO BENEFICIARY – I have listed a non-spouse beneficiary more than 10 years younger than me and want the highest possible benefit to my beneficiary, if Option A(a) 100% Joint & Survivor is unavailable. If Option A(a) is available, ERSGA will process my application under Option A(a).

OPTION B PERIOD CERTAIN – I will be paid a monthly benefit for the guaranteed payment period I choose below, or for my lifetime, whichever is longer. Upon my death, any payments remaining payable under the guaranteed period will be paid to my beneficiary.

☐ **5 YEARS (60 PAYMENTS**)

☐ **10 YEARS (120 PAYMENTS**)

☐ **15 YEARS (180 PAYMENTS**)

☐ **20 YEARS (240 PAYMENTS**)

Please Initial _____ Last four digits in your SSN _____ Date _____

Naming Your Retirement Allowance Beneficiaries

- You may name one or more primary and/or contingent beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- Retirement applications without a listed beneficiary will not be processed.
- Secondary beneficiaries may be changed at any time.
- A will does not take precedence over this designation. Benefits are not assignable by wills.
- Please verify all birth dates. Correct birth dates are essential in calculating benefits.

- **If you are unmarried at the time of retirement but later marry, you may elect a Joint & Survivor option with your new spouse as primary beneficiary; however you must make this choice in writing within 6 months after your marriage. Your benefit will reduce, but you can leave a lifetime monthly benefit to your new spouse.**

Maximum and Option B Period Certain (5, 10, 15, & 20 years)

- You may change beneficiaries at any time.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased or have disclaimed their benefit.
- If you choose your Estate as the primary beneficiary, you do not need a secondary beneficiary.
- If you name more than one primary beneficiary, any benefits due at your death will be distributed equally to each of your surviving primary beneficiaries.
- If you name multiple beneficiaries, you may designate the percentage you want each beneficiary to receive.

  Just put the percentage in parentheses (__%) after each beneficiary's name **(must equal 100%).**

Options A(a), A(b), & A(c)

- If you name multiple primary beneficiaries, the amount each beneficiary would receive is calculated when you retire. Should any beneficiary predecease you, the living beneficiary(ies) would still receive the amount determined at retirement.
- You may change your primary beneficiary only if you were unmarried at the time of retirement.

*To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% retirement benefit under Option A(a) if they elect a non-spouse beneficiary who is more than ten years younger than the member/retiree. If this is applicable, the retiree will be notified of the maximum permissible amount which can be allocated to the non-spouse beneficiary under Option A(c).

Regardless of Option Elected: If the Gross benefits paid to you the retiree and your beneficiary(ies) do not exceed your contributions and interest amount at the time of retirement, a refund of the remaining amount will be paid to the primary beneficiary(ies) unless the primary predeceases the retiree then the payment will go to the secondary beneficiary(ies).

Primary Beneficiary(ies) for Retirement Benefits

Maximum & Option B Period Certain (5, 10, 15, & 20) – Any person, estate or organization may be listed. Option A(a), A(b), or A(c) – Any living persons may be listed.
If multiple beneficiaries are listed for monthly survivor benefit, benefits will be equally distributed.

As Primary Beneficiary for any retirement benefits due after my death, I designate the following

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____.

Total Percentage 100 %

Secondary Beneficiary(ies) for Retirement Benefits

Any person, estate or organization may be listed.
Required unless Estate, an organization, or multiple beneficiaries listed as Primary.

If the Primary Beneficiary that I designated above is deceased at my death, I then designate as Secondary Beneficiary the following

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____

Name_____Percentage __%
Mailing Address _____
Date of Birth _____ Relationship _____

Total Percentage 100 %

Please Initial _____ Last four digits in your SSN _____ Date _____

Income Tax Withholding Instructions

- Your retirement allowance is subject to federal income taxes and to Georgia income tax if you are a resident of Georgia. Consult a tax advisor if necessary.
- You may change your tax withholdings at any time. However, changes must be received in the ERSGA office by the 18th of the month to ensure the change will be made that month.
- You may change your withholdings online by Accessing your Account at www.ers.ga.gov. Alternatively, you can download copies of the federal and state of Georgia tax withholding forms from our website or request a copy from our office.

Federal Withholding

- If you **do not** wish to have federal taxes withheld, check the box next to line 1. You may be required to pay estimated taxes and incur a penalty.
- If you **want** to have federal taxes withheld, in the line 2 section check one box indicating your filing status and fill in the number of exemptions.
- You may specify an additional dollar amount to be withheld on line 3. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Georgia State Withholding

- If you **do not** wish to have Georgia state taxes withheld **or** you live outside of Georgia, check the box next to line 1.
- If you **want** to have Georgia state taxes withheld, in the line 2 section check one box indicating your filing status and fill in the number of exemptions.
- You may specify an additional dollar amount to be withheld on line 3. The amount of taxes based on your filing status and exemptions plus the additional amount you list will be deducted from your retirement benefit.

Direct Deposit Instructions

- Check the box indicating whether the account is a Checking Account or a Savings Account.
- To deposit your benefit into a *checking* account, a pre-printed check (with the word VOID printed on it) from the account to which your deposit is to be made must be attached to this application. Starter checks will not be accepted.
- To deposit your benefit into a savings account, the financial institution, the account number, and 9- digit routing number must be written in the spaces provided on page 11.
- Direct deposit takes effect with your first monthly payment.

NOTE: Changes to Direct Deposit must be received before payroll is processed in order to be effective for the current month. You may change your Direct Deposit online by Accessing your Account at www.ers.ga.gov. Alternatively, you can download a copy of the Direct Deposit form from our website or request a copy from our office.

Income Tax Withholding

Federal Withholding: This is a substitute for IRS Form W-4P

If no election is made, ERSGA will default to withhold based on Single claiming 0.

☐ I **do not** want federal tax withheld from my benefit check. (Do not complete lines 2 or 3)

☐ I want to withhold taxes based on IRS tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)

Filing Status: ☐ Single ☐ Married ☐ Married but withhold at the higher Single Rate

Exemptions: I claim _____ total dependents/exemptions/allowances.

☐ In addition to the taxes withheld based on the filing status and exemptions selected above, I want $ _(specific dollar amount) withheld.

Georgia State Withholding: This is a substitute for Form G-4P

If no election is made, ERSGA will default to withhold based on Single claiming 0.

☐ I **do not** want Georgia state tax withheld from my benefit check. (Do not complete lines 2 or 3)

☐ I want to withhold taxes based on tax tables using the filing status and the number of exemptions. (You may list an additional dollar amount on line 3.)

Filing Status (Choose one): ☐ Single ☐ Head of Household ☐ Married Filing Separate

Married filing jointly: ☐ One Spouse Working ☐ Both Spouses Working

Exemptions: I claim _____ total dependents/exemptions/allowances.

☐ In addition to the taxes withheld based on the filing status and exemptions select above, I want $ _____(specific dollar amount) withheld.

Direct Deposit Information

Please check the appropriate box and follow the directions on page 10 of this application.

☐ CHECKING

A voided pre-printed check must be attached. Starter checks will <u>not</u> be accepted.

☐ SAVINGS Please provide the following information:

Financial Institution _____

Account number _____

9-digit routing or transit number _____

Please Initial _____ Last four digits in your SSN _____ Date _____

O.C.G.A. § 50-36-1(e)(2) Affidavit

PSERS must verify the lawful presence in the United States of any natural person 18 years of age or older who has applied for retirement benefits at the time they apply for benefits.

Residency Affidavit Acceptable Documents O.C.G.A. § 50-36-1(e)(2)

Effective January 1, 2012, O.C.G.A. § 50-36-1(e) requires that all applicants for a public benefit complete signed and sworn affidavits, and provide at least one secure and verifiable document, as verification of lawful presence within the United States. The following page contains the affidavit that must be signed and notarized; this page provides additional information regarding acceptable forms of secure and verifiable documents.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A driver's license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at: http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]
- A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]
- A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]
- In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a monthly retirement benefit, as referenced in O.C.G.A. § 50-36-1, from the Public School Employees Retirement System of Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.

2) _____ I am a legal permanent resident of the United States.

3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is:_____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has attached a copy of at least one secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiabledocument provided to ERSGA with this affidavit can best be classified as:

_____.

(Attach a copy of the secure and verifiable document or photo id)

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city),_____(state).

_____
Signature of Applicant

_____
Printed Name of Applicant

Last four digits of SSN _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
___ DAY OF _____, 20____

_____
NOTARY PUBLIC
My Commission Expires:

NOTE: The notarized Residency Affidavit and a copy of the secure and verifiable document or photo id as referenced in the Residency Affidavit Acceptable Documents list must be returned to ERSGA.

The Retirement Process

PSERS cannot accept the retirement application more than 90 days prior to the retirement date. Please note: There will be a one-month delay on the first check if the application is received less than 30 days prior to the effective date of retirement. The application is considered filed only when PSERS has received it.

Processing may be delayed if an application is received incomplete.

Retirement always begins on the first of a month. All retirement payments will be direct deposited on the last business day of each month.

Re-Employment After Retirement

You must have a one-month break in service between your retirement date and the date of your rehire.

If you return to PSERS-covered employment after retirement, and you are over age 65 upon rehire, you must choose whether to continue to receive your retirement benefit or to become an active PSERS Member again. If you choose to become an active Member, your retirement benefit will be suspended, you will make Employee Contributions to the system, and you will accrue additional Creditable Service. Once you retire again, the sum of all of your Creditable Service will be used to determine your final retirement benefit.

If you are less than age 65 at rehire, you will automatically become an active Member upon rehire. Your retirement benefit will be suspended, you will make Employee Contributions to the system, and you will accrue additional Creditable Service. Once you retire again, the sum of all of your Creditable Service will be used to determine your final retirement benefit.

If you attain age 65 during your period of rehire, you will have the opportunity to elect whether to continue as an active Member, or to resume receiving your retirement benefits based on your new total Creditable Service accrued up to age 65. If you choose to begin receiving your retirement benefit again, then you will no longer make Employee Contributions to PSERS or accrue additional Creditable Service while you remain actively employed.

Retirement Application Checklist

___ I have initialed, written the last four numbers of my Social Security number, and dated pages 7, 9, & 11.

___ I have elected a monthly retirement allowance option on page 7.

___ I have designated my beneficiaries for retirement benefits on page 9.

___ I have completed my election of Federal and Georgia State withholdings on page 11.

___ I have completed my direct deposit information on page 11 **and** included a voided check.

___ I have completed page 13 with notarization and included at least one secure and verifiable document.

___ I have signed, written the last four numbers of my Social Security number and dated page 15.

Acknowledgement of Member

My employment with the state will terminate (or terminated) on _____.
MM / DD / YYYY

My effective retirement date may not be before the first of the month following my final month of employment, I understand the ERSGA must be notified if I work past the termination date listed above **or** return to PSERS-covered employment within one month of the effective date of retirement listed on page 5. I also understand that my retirement application will be void.

Note: All service retirees who return to PSERS-covered employment after retirement and after age 65 must choose whether to continue to receive the retirement benefit or become an active PSERS member again. If under age 65 you will automatically become an active member upon rehire and your retirement benefit will be suspended. Upon attaining age 65 during the period of rehire, the member will have the opportunity to elect whether to continue as a member or begin receiving a monthly benefit again.

By signing this application I agree to the following conditions:

- I authorize ERSGA to electronically deposit my net monthly allowance into my bank account.
- ERSGA is authorized to adjust any entries made in error.
- This arrangement remains in effect until I cancel or supersede it in writing to ERSGA.
- I agree to immediately notify ERSGA of any change in my checking or savings account information online through my Account Access or downloading a copy of the Direct Deposit form from the website and submitting the completed form.
- No monthly check stubs are issued. Payment history can be viewed by Accessing your Account on our website www.ers.ga.gov.
- Monthly allowances are scheduled for deposit on the last working day of the month.
- Contact ERSGA immediately upon the death of a recipient of this benefit. Funds deposited after the month of death of the recipient must be returned to ERSGA.
- Failure to abide by these conditions can jeopardize my monthly allowance.

I have read the retirement application (including instructions) and I understand the retirement options and methods of payment outlined in this application. I further understand that once ERSGA mails my initial benefit check on the last business day of the payroll month, this application cannot be cancelled and the option I chose at retirement can only be changed under very specific, life- changing circumstances as specified in this application.

APPLICANT'S SIGNATURE: _____

LAST FOUR DIGITS OF SSN:_____ DATE: _____

Employees’ Retirement System of Georgia
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Toll Free 1-800-805-4609
www.ers.ga.gov