

Georgia Judicial Retirement System Retirement Application

General Instructions

- This Service Retirement Application may be used only for the Georgia Judicial Retirement System (JRS) that is administered by the Employees' Retirement System of Georgia (ERSGA).
- Please type or print. Blue ink is preferred.
- 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 & 13. Please note that page 15 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 17.
- Make a copy of the application and any attachments for your records.
- Return completed application directly to ERSGA.
- Your original signature and initials are required on the submitted application.

***Omitted or incomplete information will delay processing.
(See the check list on page 16.)***

Privacy Note

IRS regulations require JRS 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 JRS *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 JRS 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.

Before Retirement

PURCHASING SERVICE

All service purchases must be completed prior to termination.

TERMINATING STATE EMPLOYMENT

After receiving your retirement application, JRS will contact your state employer for salary information. 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.

MAKING CHANGES TO THIS APPLICATION AFTER FILED

Once you have filed a Service Retirement Application, any changes in the retirement date or beneficiaries listed in this application must be received by JRS in writing on or before the last business day of the effective month of retirement. Changes received less than 20 days prior to retirement may delay the issuance of your first check. All retirement options are final when the first retirement allowance becomes due on the last business day of the effective retirement month or payroll month. After Retirement, exceptions are specified in the options instructions of this form.

After Retirement

SERVICE RETIREMENT RE-EMPLOYMENT LIMITATIONS

All service retirees who return to service with the State, except as a member of the General Assembly, are limited to no more than 1,040 hours of work during a calendar year. If you work more than 1,040 hours, your retirement allowance will be suspended for the remainder of the calendar year.

* Requirements have changed over the years. Please contact JRS to determine re-employment limitations specific to you.

POST-RETIREMENT BENEFIT ADJUSTMENTS

- Subject to the approval of the JRS Board, Post-Retirement Benefit Adjustments may be given up to twice a year.
- A Post-Retirement Benefit Adjustment is not guaranteed and you should not base your financial decisions on the possibility of a Benefit Adjustment until an Adjustment has been announced.
- Post-Retirement Benefit Adjustments are not available to retirees with a membership date on or after July 1, 2009 (this group is specifically excluded by statute from receiving post-retirement adjustment payments.)

MAKING CHANGES

Retirement Options - Only for Members with Membership Start Date on or after July 1, 2012

Options cannot be changed after the day the first retirement allowance normally becomes due, on the last business day of the effective retirement month or payroll month whichever is later, except in the specific cases listed below.

Death of Primary Beneficiary:

- Under options 1, 2, or 3, if your primary beneficiary(ies) predeceases you, there will be no change to your monthly pension.
- Under options 4A, 4B, or 4C, if your primary beneficiary predeceases you, your monthly pension will pop-up to the Maximum Plan amount effective the month after your beneficiary's death.
- Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, such spouse predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

After Retirement (cont)

MAKING CHANGES (CONT)

Divorce:

- Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, and a final judgment of complete divorce from spouse is entered, you will have two choices:
 1. Continue the option elected with former spouse still designated to receive benefits after your death, or
 2. You may revoke the former spouse as beneficiary; however, there will be no increase in your benefit. The revocation can be made at any time after final judgment of divorce. If you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

Unmarried at Retirement:

If you are not married when you retire, and elect to receive the Maximum Plan, and you subsequently marry, you may elect to begin receiving an actuarially reduced benefit of equivalent value and establish on behalf of the spouse, either option 1, 2, 3, 4A, 4B, or 4C. Please note that this election can only be made within six months after the marriage.

Beneficiaries

For Members with Membership Start Date prior to July 2012:

- Primary Beneficiary(ies) –
 - If you have Spousal coverage you may change your Primary Beneficiary any time after retirement. Benefits for a non-spouse beneficiary will be actuarially reduced based on your age and your beneficiary's age.
 - If you do not have Spousal coverage, the right to change your Primary Beneficiary is not limited.
- Secondary Beneficiary(ies) – Secondary Beneficiaries may be changed at any time, regardless of your retirement option.
- Group Term Life Insurance – Both Primary and Secondary Beneficiaries may be changed at any time.
- 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: ers.ga.gov.

For Members with Membership Start Date on or after July 1, 2012:

- Primary Beneficiary(ies) –
 - If you choose the Maximum Plan, you may change your Primary Beneficiary(ies) at any time.
 - If you choose Option 1, 2, 3, 4A, 4B, or 4C, 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: 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 payment. Changes can be made online by logging in to your account at ers.ga.gov or by downloading copies of the address change, federal tax, and state of Georgia tax withholding forms from our website: ers.ga.gov. Some changes may be made over the phone.

Direct Deposit

Direct deposit is mandatory and should begin with your first monthly payment. You can make changes online by logging in to your account at ers.ga.gov or download a copy of our direct deposit form from our website: 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 important retirement documents and correspondence.

EMAIL ADDRESS

Please print or type your personal email address.

HOME PHONE # and DAYTIME 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.

STATE EMPLOYER

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

POSITION TITLE

Please print or type your current title or last state position title.

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

- Regular: Age 60 or older with at least 16 years of creditable service.
- Early: Age 60 or older with between 10 and 16 years of creditable service.

Disability

- Permanently and totally disabled to serve in current position.
- At least 4 years of creditable service
- Subject to ERS Medical Board Approval
- Must complete PART II, PART III, PART IV, and PART V of the ERS Disability Retirement Application



RETIREMENT APPLICATION – JRS

Name _____

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

Mailing Address _____
Street / PO Box

City _____ State _____ Zip Code _____

Email Address _____

Home Phone# _____ Daytime Phone# _____

Marital Status (Check One): Single Married

 Widowed Divorced

State Employer (Department/Agency/School System)

Position Title _____

Effective Date of Retirement 1st Day of _____
Month Year

Type of Retirement (See instructions page 4)

Service Disability

Retirement Options

NOTE: If your membership start date was prior to July 2012, the following section is ***not*** applicable to you, as you elected during your membership, to have either Spousal Coverage or no Spousal coverage.

This section is ***only*** for members whose membership start date was on or after July 1, 2012.

Maximum Plan: This option provides the highest, lifetime monthly benefit to you. There are no further monthly payments after your death. Your primary beneficiary(ies) will be entitled to a single payment of any remaining contributions and interest exceeding the gross benefit paid to you at the time of your death. If your primary beneficiary (ies) predeceases you, the payment will go to the secondary beneficiary(ies). 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.

Options 1*, 2* & 3: These options provide a reduced monthly benefit for your lifetime and a survivor benefit at your death. If your beneficiary predeceases you, there is no change to your monthly allowance and it will terminate at your death. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages. If any beneficiary predeceases you, there is no change to the benefit payable to any surviving beneficiary upon your death.

Option 1 100% Joint & Survivor* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive the same monthly allowance.

Option 2 66-2/3% Joint & Survivor* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive 66-2/3% of your monthly allowance.

Option 3 50% Joint & Survivor - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive half of your monthly allowance.

Options 4A*, 4B* & 4C: These options provide a reduced monthly allowance for your lifetime. You may only list a sole primary beneficiary. If your primary beneficiary predeceases you, you will pop-up to the Maximum Plan.

Option 4A 100% Joint & Survivor Pop-up* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive the same monthly allowance.

Option 4B 66-2/3% Joint & Survivor Pop-up* - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive 66-2/3% of your monthly allowance.

Option 4C 50% Joint & Survivor Pop-up - At your death, your named, living, primary beneficiary designated at retirement, or upon re-election, will receive one-half of your monthly allowance.

**Please note: To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% or 66-2/3% retirement benefit under Options 1, 2, 4A, or 4B 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 their ineligibility to select that option.*

NOTE: Under options 1, 2, 3, 4A, 4B, or 4C, if your sole primary beneficiary is your spouse, and predeceases you or you divorce, and you subsequently remarry, you may re-elect to begin receiving an actuarially reduced benefit with your new spouse, under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

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).

MONTHLY RETIREMENT ALLOWANCE OPTIONS

NOTE: If your membership start date was prior to July 2012, the section below is **not** applicable to you, as you elected during your membership to have either Spousal Coverage or no Spousal coverage. Please check the box below if your JRS membership start date was prior to July 2012.

JRS Membership Start Date was prior to July 2012.

The section below is **only** for members whose JRS membership start date was on or after July 1, 2012.

Please choose only **one** monthly retirement allowance option. If you make a mistake, write your initials 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 1: 100% Joint & Survivor – At my death, my beneficiary will receive the same amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.

OPTION 2: 66-2/3% Joint & Survivor – At my death, my beneficiary will receive 66-2/3% of the amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.

OPTION 3: 50% Joint & Survivor – At my death, my beneficiary will receive half of the amount I received as a monthly benefit. If multiple beneficiaries are named, each beneficiary will receive a partial amount based on their respective ages, as determined at my retirement.

OPTION 4A: 100% Joint & Survivor Pop-up – At my death, my sole primary beneficiary will receive the same amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

OPTION 4B: 66-2/3% Joint & Survivor Pop-up – At my death, my sole primary beneficiary will receive 66-2/3% of the amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

OPTION 4C: 50% Joint & Survivor Pop-up – At my death, my sole primary beneficiary will receive half of the amount I received as a monthly benefit. If my primary beneficiary predeceases me, my benefit will pop-up to the Maximum Plan.

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.

Spousal Coverage (For Members with Membership Start Date Prior to July 2012)

- A person other than the spouse may be designated as the beneficiary, with the benefit equal to a normal spousal benefit that is actuarially reduced based on the beneficiary's life expectancy.
- You may change your primary beneficiaries after retirement.
- Your secondary beneficiaries will not receive any benefits unless all primary beneficiaries are deceased or have disclaimed their benefit. Your secondary beneficiaries will not receive a lifetime, monthly benefit.
- If you choose your Estate as the primary beneficiary, monthly benefits will cease at your death and 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.

No Spousal Coverage (For Members with Membership Start Date Prior to July 2012) And Maximum Plan (For Members with Membership Start Date on or after July 1, 2012)

- 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.

Options 1*, 2*, & 3 (For Members with Membership Start Date on or after July 1, 2012)

- 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:
 - Your spouse is the sole, primary beneficiary and you get a divorce. There is no change to your benefit, but if you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.
 - Your spouse is the sole, primary beneficiary and predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

Options 4A*, 4B*, & 4C (For Members with Membership Start Date on or after July 1, 2012)

- You may only name one primary beneficiary. If your primary beneficiary dies before you, your benefit will change to the Maximum Plan.
- You may change your primary beneficiary only if:
 - Your spouse is the sole, primary beneficiary and you get a divorce. There is no change to your benefit, but if you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.
 - Your spouse is the sole, primary beneficiary and predeceases you, and you subsequently remarry, you may elect to begin receiving an actuarially reduced benefit with your new spouse as your sole primary beneficiary under your choice of Option 1, 2, 3, 4A, 4B, or 4C.

**To ensure compliance with IRS requirements for qualified plans, retirees might not be eligible to designate the full 100% or 66-2/3% retirement benefit under Options 1, 2, 4A, or 4B 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 their ineligibility to select applicable option.*



Primary Beneficiary(ies) for Retirement Benefits

Maximum Plan or No Spousal Coverage – Any person, estate or organization may be listed.
Spousal Coverage or Options 1, 2, or 3 – Any living person may be listed. If multiple beneficiaries are listed, benefits will be equally distributed.
Options 4A, 4B or 4C – only one living primary beneficiary may be named

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

Name _____

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____

Mailing Address _____

Date of Birth _____ Relationship _____

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 _____

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____

Mailing Address _____

Date of Birth _____ Relationship _____

Name _____

Mailing Address _____

Date of Birth _____ Relationship _____

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

Naming Your Group Term Life Insurance (GTLI) Beneficiaries

- You may name one or more primary and/or secondary beneficiaries. If you want to name more than three, please list the additional beneficiaries on a separate sheet.
- All Group Term Life Insurance (GTLI) beneficiaries may be changed at any time.
- You may designate percentages to multiple beneficiaries, but the total **must equal 100%**.
- If you do not specify percentages, your beneficiaries will receive equal amounts.
- A will does not take precedence over this designation.
- Group Term Life Insurance is not assignable.
- This Group Term Life Insurance has no cash value and is payable only upon your death.

PLEASE NOTE: The following members **do not** have coverage in the GTLI Program:

- Employees hired on or after July 1, 2009 or employees hired prior to July 1, 2002 that did not elect coverage.
- Members that terminate employment and vest their retirement, to retire at a later date, with less than 18 years of creditable service
- Members that terminate employment and vest their retirement with at least 18 years of creditable service, and a written request to discontinue GTLI coverage is received by ERSGA.

Do not complete GTLI Beneficiary designations if you are not covered.



Primary Beneficiary(ies) for GTLI Benefits

Any person, estate or organization may be listed.

NOTE: If your membership start date is on or after July 1, 2009 or prior to July 1, 2002 and you did not elect coverage, the section below is **not** applicable to you.

As Primary Beneficiary for any GTLI 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 GTLI Benefits

Any person, estate or organization may be listed.

Required unless Estate, an organization, or multiple beneficiaries is 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 logging in to your account at 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.
- 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 logging in to your account at 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 the previous page of this application.

CHECKING

A voided pre-printed check or direct deposit authorization form from your banking institution must be attached. Starter checks will not be accepted.

SAVINGS

A savings account deposit slip or a written request on financial institution letterhead signed by one of their representatives must be attached.

Please provide the following information for checking or savings account:

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

JRS 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 Georgia Judicial Retirement System, 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 verifiable document 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: This affidavit must have a notary signature and stamp or embossment 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 with this application.

Re-employment after Retirement

Any return to state employment cannot take place during the first month of retirement. The retirement application will be void if the retiree returns to state employment within the first month of retirement. There is no restriction for employment that is not with a covered employer.

Retirement Application Checklist

- I have initialed, written the last four numbers of my Social Security number, and dated pages 7, 9, 11 & 13.
- I have either selected that my JRS membership start date was prior to 7/2012, or selected an option if my JRS membership start date was on or after 7/1/2012, on page 7.
- I have designated my beneficiaries for retirement benefits on page 9 and GTLI benefits on page 11, if applicable.
- I have completed my election of Federal and Georgia State withholdings on page 13.
- I have completed my direct deposit information on page 13.
- I have included a voided pre-printed check or direct deposit authorization **or** savings account deposit slip or a written request on financial institution letterhead signed by one of their representatives as requested on page 13.
- I have completed page 15 with notarization.
- I have included at least one secure and verifiable document or photo id as requested on page 15.
- I have signed, written the last four numbers of my Social Security number and dated page 17.

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 state employment within one month of the effective date of retirement listed on page 5. I also understand that my retirement application will be void.

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 logging in to my account on 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.

Please note that OCGA § 47-23-109 states that if a retired member returns to State employment, the retirement allowance shall be suspended through the end of the calendar year if the employee performs more than 1,040 hours of service during the calendar year. Should you become employed by a State employer, you must inform your employer you are a JRS retiree. Both you and the State employer are required to notify ERSGA immediately if you will exceed the maximum hours.

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 or direct deposits my initial benefit check on the last business day of the payroll month, this application cannot be cancelled and the primary beneficiaries I chose at retirement cannot be changed, unless I have Spousal coverage.

APPLICANT'S SIGNATURE: _____

LAST FOUR DIGITS OF SSN: _____ DATE: _____

Employees' Retirement System of Georgia

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Toll Free 1-800-805-4609

ers.ga.gov