



**PART THREE: RETIREMENT INFORMATION**

10. **RETIREMENT DATE** — To be effective the first day of \_\_\_\_\_  
Month Year

11. **PURCHASE INFORMATION** — Have you applied to purchase pension service credit within the past six months?  
 YES  NO

12. **TYPE OF RETIREMENT**

**SERVICE RETIREMENT** – You must be age 60 or older (age 62 or older if a Tier 3 or Tier 4 member) to qualify for a Service Retirement. No minimum amount of service credit is required.

**EARLY RETIREMENT** – You must be under age 60 (age 62 if a Tier 3 or Tier 4 member) and have a minimum of 25 years of service credit. If you are under 55 years of age, your benefit will be reduced (see Fact Sheet #4, *Applying for Retirement*).

**VETERAN RETIREMENT** – You must be a qualified military veteran and meet minimum age and service credit requirements. (see Fact Sheet #4, *Applying for Retirement*).

**DEFERRED RETIREMENT** – You must be under age 60 (age 62 if a Tier 3 or Tier 4 member) and have a minimum of 10 years of service credit upon termination of employment. A Deferred Retirement becomes effective at age 60/62 if you have filed an *Application for Retirement Allowance* prior to that date.

13. **SALARY INFORMATION** — Were your last years of service also the years you earned the highest salaries?

YES  NO (If no, list the fiscal years, July - June, in which you earned the highest salaries. Tier 1, Tier 2, and Tier 3 members list three years, Tier 4 members list five years.)

\_\_\_\_\_ Year 1 Year 2 Year 3 Year 4 Year 5

14. **SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER’S NAME** (If naming a partner, submit a photocopy of your *Civil Union Certificate or Certificate of Domestic Partnership* along with this application.)

NAME \_\_\_\_\_  
Last First Middle

15. **SPOUSE, CIVIL UNION PARTNER, OR DOMESTIC PARTNER’S ADDRESS** (If different from yours.)

ADDRESS \_\_\_\_\_  
Street Apt. No.

\_\_\_\_\_ City State Zip

MEMBER'S NAME \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

**PART FOUR: CHOOSE A RETIREMENT PAYMENT OPTION AND NAME A BENEFICIARY**

**USE THIS PAGE FOR THE MAXIMUM OPTION OR OPTION 1 ONLY — Additional payment options are listed on the following page.**

Indicate whether your choice for a method of payment is the Maximum Option or Option 1. Maximum Option and Option 1 beneficiaries share the benefit equally. Refer to Fact Sheet #5, *Pension Options* (in this booklet) for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance.** You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 2).

**MARK ONLY ONE BOX.**

**MAXIMUM OPTION — NO PENSION BENEFIT TO BENEFICIARY** — Largest allowance paid to you with no pension benefit paid to a beneficiary upon your death. \_\_\_\_\_  
(You must sign here)

**OPTION 1 — REDUCING RETIREMENT RESERVE TO A BENEFICIARY** — Your beneficiary receives the balance of a reserve set up to pay your retirement allowance if you die **before the reserve is depleted.** You can name more than one beneficiary and you can change your beneficiary(ies) at any time after retirement.

**NAME A RETIREMENT OPTION BENEFICIARY (OR BENEFICIARIES) FOR THE MAXIMUM OPTION OR OPTION 1**

**PRIMARY BENEFICIARY(IES)**

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			

**CONTINGENT BENEFICIARY(IES)** — *If no Primary Beneficiary is living at my death, payment is to be made to:*

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1. _____	_____	_____	_____
ADDRESS _____			
2. _____	_____	_____	_____
ADDRESS _____			

(Attach additional sheets for 3 or more beneficiaries. Additional sheets must be signed and dated.)

**MEMBER'S SIGNATURE**

**DATE**

\_\_\_\_\_, 20\_\_\_\_

I attest that the information provided on this application is true and correct.

**SIGN THIS PAGE IF SELECTING THE MAXIMUM OPTION OR OPTION 1 AND THEN CONTINUE TO PART SIX OTHERWISE, CONTINUE TO PART FIVE, ON THE NEXT PAGE FOR ADDITIONAL PAYMENT OPTIONS**

**PART FIVE: OPTIONS THAT PROVIDE A MONTHLY PAYMENT TO A SURVIVING BENEFICIARY**

If you did not select the Maximum Option or Option 1, indicate your choice on this page for method of payment. Refer to Fact Sheet #5, *Pension Options* (in this booklet) for an explanation of each option. You will receive a monthly retirement allowance for your lifetime, regardless of which option you choose. **Choosing an option other than the Maximum will reduce your retirement allowance to provide a monthly benefit to a beneficiary upon your death.** The higher your beneficiary's allowance, the more your allowance will be reduced. You cannot change your payment option once your retirement becomes "due and payable" (see *Your First Retirement Check* on page 2).

Under **Options A, B, C, or D**, you can name only one beneficiary and you cannot change your beneficiary after retirement. If your beneficiary dies before you, your retirement allowance will increase to the Maximum Option.

- OPTION A — 100% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- OPTION B — 75% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 75% of your monthly allowance.
- OPTION C — 50% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.
- OPTION D — 25% TO BENEFICIARY - INCREASE TO MAXIMUM OPTION** — Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 25% of your monthly allowance.

Under **Options 2, 3, and 4**, you cannot change your beneficiary after retirement. Options 2 and 3 pay you a larger monthly retirement allowance than the corresponding Options A and C. However, under Options 2 and 3, if your beneficiary dies before you, you continue to receive the reduced allowance provided by that option.

- OPTION 2 — 100% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 100% of your monthly allowance.
- OPTION 3 — 50% TO BENEFICIARY - PERMANENT REDUCTION** — You can name only one beneficiary. Upon your death, your beneficiary receives a lifetime monthly retirement allowance equal to 50% of your monthly allowance.

**RETIREMENT OPTION BENEFICIARY** — For Options A, B, C, D, 2, and 3 you may list only ONE beneficiary.

BENEFICIARY NAME	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER <small>(Optional)</small>
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\_\_\_\_\_

ADDRESS \_\_\_\_\_

- OPTION 4 — CHOICE OF AMOUNT TO BENEFICIARY - PERMANENT REDUCTION** — You can name one beneficiary or multiple beneficiaries. Upon your death, your beneficiary(ies) receives the lifetime monthly retirement allowance indicated.

**OPTION 4 BENEFICIARIES** (Attach an additional sheet for 3 or more beneficiaries. Additional sheets must be signed and dated.)

BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER <small>(Optional)</small>
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1. \_\_\_\_\_

ADDRESS \_\_\_\_\_

ENTER AMOUNT \$ \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

2. \_\_\_\_\_

ADDRESS \_\_\_\_\_

ENTER AMOUNT \$ \_\_\_\_\_ (Can be no more than the Option 2 allowance.)

**MEMBER'S SIGNATURE**

**DATE**

\_\_\_\_\_, 20\_\_\_\_  
I attest that the information provided on this application is true and correct.

**SIGN THIS PAGE AND CONTINUE TO PART SIX ON THE NEXT PAGE**

MEMBER'S NAME \_\_\_\_\_ MEMBERSHIP NUMBER \_\_\_\_\_

**PART SIX: DESIGNATION OF GROUP LIFE INSURANCE BENEFICIARY(IES)**

Members with 10 or more years of membership credit are covered by group life insurance at retirement. This section is used to name a beneficiary(ies) for your group life insurance, if any. Please be sure to name both a Primary and Contingent beneficiary. **Complete this section even if the beneficiary you name is the same as in Part Three.** This designation becomes effective when received by the Division of Pensions and Benefits.

**PRIMARY INSURANCE BENEFICIARY(IES)**

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**CONTINGENT INSURANCE BENEFICIARY(IES)** — *If no Primary Beneficiary is living at my death, payment is to be made to:*

	BENEFICIARY NAME(S)	RELATIONSHIP	BIRTH DATE	SOCIAL SECURITY NUMBER (Optional)
1.	_____	_____	_____	_____
	ADDRESS _____			
2.	_____	_____	_____	_____
	ADDRESS _____			
3.	_____	_____	_____	_____
	ADDRESS _____			
4.	_____	_____	_____	_____
	ADDRESS _____			

**MEMBER'S SIGNATURE**

**DATE**

\_\_\_\_\_, 20\_\_\_\_

I attest that the information provided on this application is true and correct.

**Return this application to:  
Division of Pensions and Benefits  
PO Box 295  
Trenton, NJ 08625-0295**