THE COMMONWEALTH OF MASSACHUSETTS

State Board of Retirement

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

SUPERANNUATION RETIREMENT APPLICATION

APPLICATION PROCESS

If you are actively employed or on a leave of absence you may file your application to retire up to 120 days before you plan to retire. If you file more than sixty (60) days after your last day on the payroll, your benefits **will not be retroactive** to your last day on the payroll. Your effective date of retirement will be 15 days from receipt of your application.

The State Retirement Board strongly recommends that you plan your retirement and **file at least 30 to 60 days in advance** of leaving your job. **Once your effective date of retirement has passed you cannot change your retirement option nor can you change your date of retirement.**

COUNSELING

Additional information on the retirement process is available on our website, **www.mass.gov/retirement.**

If you are interested in individual counseling, walk-in counseling service is available between the hours of 10:00 a.m. and 3:00 p.m., Monday through Friday at either of our offices:

Boston
One Winter Street, 8th Floor, Boston, MA 02108
7:45 a.m. to 5:00 p.m., Monday through Friday.
Phone: 617-367-7770 or 1-800-392-6014 (Mass only)
Fax: 617-723-1438

Springfield
436 Dwight Street, Room 109A, Springfield, MA 01103
8:00 a.m. to 5:00 p.m., Monday through Friday
Phone: 413-730-6135
Fax: 413-730-6139

APPLICATION PROCESS CHECKLIST ☑

When filing to retire, please include the following documents:

- ☐ **Fully completed application** (pages 2-3)
- ☐ **W-4P Federal Tax Withholding Form** (page 4) indicating withholding amount for federal income purposes
- ☐ **Completed Option Selection Form** (pages 5-6)
- ☐ **Authorization for Direct Deposit** of Retirement Benefit (page 7)
  Direct Deposit is mandatory for all retirees.
- ☐ **Proof of Birth Required** a copy of your birth certificate or passport is acceptable
- ☐ **Copy of Veterans' Discharge Papers** (DD-214), if applicable
- ☐ If you are selecting Option C, please include a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- ☐ **Signature is required on each of the following pages**: Page 2 (Retirement Application), Page 4 (W-4P Form), Page 5 (Option Selection Form), and Page 7 (Direct Deposit Form). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 5 (Option Selection Form) in addition to your signature. Look for the "*X*" throughout the application package.

Please read the instructions on the back page.

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State Retirement Board
One Winter Street, 8th Floor, Boston, MA 02108

SUPERANNUATION RETIREMENT APPLICATION

Please complete all required sections.
Incomplete applications will delay processing.

1. MEMBER INFORMATION (required)

I respectfully request superannuation under the provisions of Section 1 to 28 inclusive of Massachusetts General Laws Chapter 32.

Name: **SS#:**

I wish to retire on: (MM/DD/YYYY) **with** **years and** **months of service**

All Former Names:

Date of Birth: (Proof of Birth Required) **Are You a Veteran?** ☐ **No** ☐ **Yes (include copy of DD-214)**

Marital Status: ☐ **Single** ☐ **Married** ☐ **Divorced** **Gender:** ☐ **M** ☐ **F**

Current or Last Place of State Employment:

Position/Title:

Retirement Group* (If Known): ☐ **1** ☐ **2** ☐ **3 (State Police only)** ☐ **4**

Note: You must submit a separate Group Classification Questionnaire for each Group 2, or Group 4 classification request.

2. CONTACT INFORMATION (required)

E- Mail Address:

Present Address:

City: **State:** **Zip:**

Home Phone: **Work Phone:**

Address after Retirement (If Different):

City: **State:** **Zip:**

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name:

Spouse's Address (If Different):

City: **State:** **Zip:**

Is Spouse a Retiree of a Massachusetts State, City, Town or County Government? ☐ **No** ☐ **Yes**

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

☐ All statements on this application are true statements made under the penalties of perjury.

☐ I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.

☐ I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 5, I will be automatically retired under OPTION B.

Sign Here: X

Member Signature Date

THIS SECTION BOARD USE ONLY

Member Name: SS#:

5. LIST ALL SERVICE WITH STATE, CITY OR COUNTY GOVERNMENT (required*)

Department or Subdivision:	Start Date:	Date Service Ended:

***use additional sheet if necessary**

6. MEMBER QUESTIONNAIRE (required)

a. Are you applying for a termination retirement under Section 10(2)(a) of Chapter 32? ☐ No ☐ Yes

If YES, please attach a Termination Retirement Allowance Employer Certification Form with this application.
See additional information on termination retirement in the instructions on page 8.

b. Have you ever been convicted of an offense involving the funds or property of your place of employment? ☐ No ☐ Yes

c. Have you ever been convicted of an offense involving your position while in state service? ☐ No ☐ Yes

If yes to either of the above, please describe the offense(s): _____

_____

d. **Have you ever taken a refund?** ☐ No ☐ Yes

If YES, do you wish to buy back time? ☐ No ☐ Yes

Have you completed a buyback? ☐ No ☐ Yes

Do you have a buyback in progress? ☐ No ☐ Yes

e. Have you ever been on an industrial accident leave? ☐ No ☐ Yes If yes, what years?

f. If divorced, are you a party to a Domestic Relations Order? ☐ No ☐ Yes ☐ Don't Know

(If Yes, please include a copy of your Domestic Relations Order)

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RETIREE'S WITHHOLDING PREFERENCE CERTIFICATE: W-4P TAX FORM

If a W-4P federal income tax withholding statement is not filed, federal income tax withholding will be calculated as if you are married with three (3) exemptions.

MEMBER INFORMATION (required)

Print Name _____ Social Security Number _____

Address/City/Town/State/Zip _____

PLEASE CHECK BOX 1, 2, OR 3 AND COMPLETE CORRESPONDING INFORMATION: (required)

1	I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.
2	The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below. A) **Marital Status**: ☐ Single ☐ Married ☐ Married, but withhold at higher single rate _____ B) **Total exemption you wish to claim:** _____ C) **In addition to the above amount withhold an additional $** _____ **per month.**
3	I wish to have a flat rate of $ _____ per month withheld.

SIGNATURE: (required) X _____ _____
Member Signature Date

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RETIREMENT OPTION SELECTION FORM

MEMBER NAME: _____ **SSN:** _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then check box A, B, or C.

☐ A **Option A - NO SURVIVOR RETIREMENT BENEFITS**
I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.
If choosing A, **please complete sections 2 and 3 on this page. Do not complete section 4.**

☐ B **Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH**
I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32.
If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

☐ C **Option C - JOINT SURVIVOR ALLOWANCE**
I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32.
If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):
Please do not complete this section if selecting Option B. **A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license** is required if Option C is selected and must be included with this application.

Option C Beneficiary: _____ SSN _____
(Please print)

Gender: ☐ M ☐ F Date of Birth: _____ Relationship to Member: _____

Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
(enter option selection: A, B, or C)

Member Signature: X _____ Date: _____

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: X _____ Date: _____

Print Name: _____

Address: _____

Please complete section 4 on following page only if selecting Option B.

THIS SECTION BOARD USE ONLY

Member Name: SS#:

Complete this section ONLY if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name: Street: City, State, ZIP:	Designation: ❑ Primary ❑ Contingent	Proportion:* ❑ All ❑ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
ii.	Name: Street: City, State, ZIP:	Designation: ❑ Primary ❑ Contingent	Proportion:* ❑ All ❑ _____ % (percent)	Beneficiary Social Security #: Relationship Date of Birth:
iii.	Name: Street: City, State, ZIP:	Designation: ❑ Primary ❑ Contingent	Proportion:* ❑ All ❑ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
iv.	Name: Street: City, State, ZIP:	Designation: ❑ Primary ❑ Contingent	Proportion:* ❑ All ❑ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:
v.	Name: Street: City, State, ZIP:	Designation: ❑ Primary ❑ Contingent	Proportion:* ❑ All ❑ _____ % (percent)	Beneficiary Social Security #: Relationship: Date of Birth:

*** The total of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.**

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death.
There are no survivor benefits.

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate.

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AUTHORIZATION FOR DIRECT DEPOSIT OF RETIREMENT BENEFIT

SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
SS#	Member ID (if known):	

SECTION B (required)

Name of Financial Institution:	
All Names on Account:	
Routing #:	
Depositor Account #:	
Please Check Appropriate Box:	☐ Savings Account ☐ Checking Account, voided check attached
Are you receiving direct deposit in this account as an active employee of the Commonwealth?	☐ Yes ☐ No ☐ N/A
PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT	
☐	Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.

PLEASE SIGN BELOW (required)

"I, _____hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

X _____ Signature _____ Date

THIS SECTION BOARD USE ONLY

Direct Deposit is mandatory for all members retiring after January 1, 2010.
Statements can be viewed online at mass.gov/payinfo
If sending a voided check, please do not staple to this form.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

The Retirement Application, pages 2-3

Make sure you complete all sections of the application. Signature is required at the bottom of page 2.

- Section 1 - Don't forget to write down your requested retirement date!
- Section 2 - Let us know how to contact you. Please provide an email address that you will have access to after your retirement.
- Section 3 - Leave blank if you are not married.
- Section 4 - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- Section 5 - List all the jobs you have had for a city, town, county, or state **in Massachusetts**.
- Section 6 - Answer questions a-f by checking appropriate boxes.

The W-4P Tax Form, page 4

If this form is not completed and submitted, the federal income tax withholding will be calculated as if you are married with three exemptions. **Your signature is required on the W-4P Tax Form.**

The Option Selection Form, pages 5-6

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 5. You can only choose one option C beneficiary and that person can only be your spouse, an unmarried former spouse, a child, a sister or brother, or one of your parents. You cannot change your option C beneficiary after retirement.
- **Section 2 - Member Signature.** The Option Selection Form will not be processed without your signature. Enter your option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option B Beneficiary Information.** This space on page 6 is provided for members who select Option B. *Skip this section if you have selected Option A or Option C.*

The Direct Deposit Form, page 7

Direct deposit is required. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Direct Deposit form.**

Important Notice Regarding Termination Retirement Applications

A termination retirement allowance, under section 10(2)(a) of chapter 32 of the General Laws of Massachusetts, is only available to a member of the State Employees' Retirement System whose membership began before April 2, 2012 with twenty or more years of eligible service, whose office or position is abolished, or who is removed or discharged from his or her office or position without moral turpitude.

Under section 10(2)(a) of chapter 32, any member who is removed or discharged for violation of laws, rules, or regulations applicable to his or her office or position, or any member whose removal or discharge was brought about by collusion or conspiracy, is not entitled to a section 10(2) termination allowance.

Section 10(2)(a) requires that the employer of any employee applying for a termination retirement allowance certify in writing, under the pains and penalties of perjury, that one of the following circumstances applies: (1) that the employee has failed of reappointment, (2) that the employee's office or position has been abolished, or (3) that the employee has been removed or discharged from his or her position without moral turpitude on his or her part. Retirement Board decisions on requests for termination retirement allowances are subject to review by the Public Employee Retirement Administration Commission ("PERAC").

Additionally, under section 9B of chapter 93 of the General Laws of Massachusetts, any member who files a fraudulent application for a section 10(2)(a) termination retirement allowance, for example, an application brought about by collusion or conspiracy, may be liable for a penalty of two thousand dollars, as well as double the amount of any section 10(2)a termination allowances received.

If you are applying for retirement under the provisions of M.G.L. chapter 32, section 10(2)(a), by reason of resignation, failure of re-appointment, removal, or discharge, please attach a ***Termination Retirement Allowance Employer Certification Form*** with this application.

Other Important Information

- **Group Classification** - You must submit a separate ***Application for Group Classification*** to be classified in Groups 2 or 4 or for a §28M or §28N "20/50 bill" retirement. If you are requesting to pro-rate your service, you must submit a separate classification form for each position you are seeking to classify. For more information, please refer to the State Retirement Board Group Classification Policy.
- **Your First Payment** - First payments are generally received 90 days after your retirement date. The first payment will be retroactive to your retirement date. If we receive your application more than 60 days after your last day on the payroll, your retirement date will be 15 days *after* we receive your application.
- **The Retirement Decision is final** - you cannot make any changes to your retirement once your retirement date has passed. Choose your retirement option and date carefully. You can withdraw your application up to 5:00 p.m. on the date of your chosen retirement date (must be a business day, Monday - Friday).

Mail Completed Application To:

One Winter Street, 8th Floor, Boston, MA 02108 | Questions? Contact us at 617-367-7770 or 1-800-392-6014 (within MA)

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