



APPLICATION FOR RETIREMENT BENEFITS

For security reasons, do not submit application by e-mail.

■ **Contact Us – toll free:** 1-888-275-5737 • **phone:** 785-296-6166 • **fax:** 785-296-6638
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■ Part A – Member Information

- 1. Social Security Number: _____ - _____ - _____
 - 2. Name (First, MI, Last): _____
 - 3. Retiring From: KPERS KP&F Judges
 - 4. Selected Retirement Date: _____/_____/_____
 - 5. Telephone Number: (____) _____
 - 6. Mailing Address: _____
 - 7. Personal E-mail: _____
- City, State, Zip: _____

Important: The Retirement System must have this application before the retirement date you selected. You are also required to submit proof of age and all name changes. Please see “Acceptable Proof of Birth and Name Change” at the beginning of this booklet for details. To retain your retirement date, you may submit this application without the required documentation. However, you must provide the documentation before the Retirement System can begin monthly benefit payments.

■ **Part B – Retirement Benefit Options** – Review the separate publication *Retirement Options* for details about each option. Select **one** of the seven monthly benefit options. Mark the box corresponding to the retirement option of your choice, then complete any additional areas indicated. Kansas law does not allow you to change this option after your retirement date.

Maximum Monthly Benefit Option

- 1. Maximum Monthly Benefit (with no survivor benefit)

Joint-Survivor Options

- 2. 50% Joint-Survivor Benefit 3. 75% Joint-Survivor Benefit 4. 100% Joint-Survivor Benefit

If you chose a joint-survivor option, complete all information for your joint annuitant below. You must provide proof of age and all name changes for your joint annuitant. Your joint annuitant cannot be changed later.

- a. Name (First, MI, Last): _____
- b. Social Security Number: _____ - _____ - _____
- c. Date of Birth: _____/_____/_____
- d. Male Female

Life-Certain Options

- 5. 5-Year Life-Certain Option 6. 10-Year Life-Certain Option 7. 15-Year Life-Certain Option

If you chose a life-certain option, you must submit a Designation of Beneficiary – Retired form (KPERS-7/99R). The form is included in this booklet. You can change beneficiaries at any time by completing a new form.

■ **Part C – Partial Lump-Sum Option (PLSO)** – You must indicate whether you are electing the PLSO. Choosing this option means you will receive a single lump-sum payment equal to a given percentage of the actuarial present value of your lifetime benefit. You will then receive the rest of your benefit in reduced monthly payments.

Partial Lump-Sum Option Election

- 1. “I elect the PLSO.” Yes No

If you chose “yes,” select a percentage option below and complete the payment options on the next page. If you chose “no,” advance to Part D.

“Having elected the PLSO option above, I understand I will receive a single lump-sum payment as a percentage of the actuarial present value of my lifetime benefit. I further understand that my monthly benefit will be permanently reduced according to the percentage I choose.”

- 2. 10% 20% 30% 40% 50%

**KPERS 2 members can only choose a 10, 20 or 30 percent option. This does not affect KP&F or Judges.*

Member Name (Please Print): _____ Social Security Number: _____ - _____ - _____

■ **Part C – Partial Lump-Sum Option (PLSO)** (continued from page 1)

PLSO Payment Options – Read the “Tax Information About Plan Payments” section of this booklet before completing this part of the form. Failure to complete this part will delay payment for 30 days and require mandatory withholding of 20 percent of the taxable amount of your payment.

Note: The lump sum will be sent at the same time as your first monthly benefit payment. No interest is payable on any lump sum. In the event you die before receiving the lump-sum payment, it will be paid to your spouse. If you have no spouse, it will be paid to your designated beneficiary(ies).

“I have elected the Partial Lump-Sum Option and choose to have the lump sum paid as follows:”

Taxable Amount – Please choose one payment option for the taxable amount of your PLSO payment. Federal law requires a mandatory 20 percent federal tax withholding on taxable amounts paid directly to you. If you are rolling over to more than two rollover plans, you may duplicate this page.

3. Pay the entire taxable PLSO amount to me. *Advance to Nontaxable Amounts section.*
4. Pay the entire taxable PLSO amount to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #6.
5. Pay part of the taxable PLSO amount to a qualified defined contribution plan, traditional IRA or Roth IRA and the remainder to me. Enter the dollar amount to be paid to a rollover plan: \$ _____. The minimum rollover is \$500. Advance to #6.
6. If you marked #4 or #5, please list the name, address, account number and plan type of each rollover plan. Indicate percentage amounts to be paid to each plan. Total percentage amounts must be in whole numbers and equal 100 percent. Verify with your financial institution or rollover plan exactly how your payment check should be made payable.

a. *Rollover Plan #1*

Check payable to: _____	Check mailed to: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Account Number: _____	Percentage to Be Rolled Over: _____ %
Select Plan Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	<input type="checkbox"/> Qualified defined contribution plan

b. *Rollover Plan #2*

Check payable to: _____	Check mailed to: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Account Number: _____	Percentage to Be Rolled Over: _____ %
Select Plan Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	<input type="checkbox"/> Qualified defined contribution plan

Nontaxable Amount: Please choose one payment option for any nontaxable amount of your PLSO payment.

7. Pay the entire nontaxable PLSO amount to me. Advance to Part D.
8. Pay the entire nontaxable amount to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #9.
9. If you marked #8, please list the name, address, account number and plan type of the rollover plan. Verify with your financial institution or rollover plan exactly how your payment check should be made payable.

a. *Rollover Plan*

Check payable to: _____	Check mailed to: _____
Mailing Address: _____	Mailing Address: _____
City, State, Zip: _____	City, State, Zip: _____
Account Number: _____	Percentage to Be Rolled Over: _____ %
Select Plan Type: <input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA	<input type="checkbox"/> Qualified defined contribution plan

Member Name (Please Print): _____ Social Security Number: _____ - _____ - _____

■ Part D – Member Certification

Note: This section must be completed regardless of which retirement payment option you chose.

1. I certify that I am: Married Not Married
2. I certify that I have received information about continuing life insurance. Yes No
3. By signing below, I understand Kansas law requires a 60-day waiting period (180-day if retiring before age 62) for KPERS members who return to work for any KPERS employer. KP&F members have a 30-day waiting period. This waiting period begins the day after my retirement date.
4. I understand Kansas law requires me to verify that I have no prearrangement to return to work for any KPERS employer. By signing below, I certify I have not made and will not make any prearrangement before retirement or during my waiting period to return to work for my employer or another Retirement System employer.
5. I understand that if I am found to have made a prearrangement to return to work or have violated the waiting period agreement for returning to work, my retirement benefit will be suspended starting the month I return to work until six months after I end employment. I further understand I will be required to repay to the Retirement System all monthly retirement benefits received after I began employment.
6. I confirm my choice of retirement benefit options, with the understanding that Kansas law does not allow me to change this option after my retirement date. I confirm that all information I have provided on this form, including supporting documentation of birth and name change, is true to the best of my knowledge.

Member Signature: _____ Month/Day/Year: ____/____/____

Notary Public: State of _____ County of _____
Signed or attested before me on (date) _____ by (name of member) _____
Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.
(SEAL)

■ Part E – Spousal Consent to Member’s Retirement Benefit Selection

Note: Kansas law requires spousal consent if you select a Partial Lump-Sum Option (PLSO) and/or any retirement benefit option that would provide less than one-half of your monthly retirement benefit to your spouse if you die. This section must be completed by your spouse if you are married and chose the Maximum Monthly Benefit, a Life-Certain Option and/or a PLSO.

1. Spouse Name (First, MI, Last): _____

“I hereby attest that I am the spouse of the above-named member. I further attest that I understand and agree with the retirement benefit option selected by my spouse.”

Spouse Signature: _____ Month/Day/Year: ____/____/____

Notary Public: State of _____ County of _____
Signed or attested before me on (date) _____ by (name of spouse) _____
Notary Public Signature: _____ My appointment expires (month/day/year) ____/____/____.
(SEAL)

Steps in the Retirement Process

1. Request a retirement benefit estimate through your designated agent or calculate one yourself. Login to the member web portal at kpers.org. Click "KPERS Account Access" at the top left.
2. Review our *Retirement Options* publication to consider your payment options.
3. Submit your retirement application at least 30 days before the day you want to retire.
4. Documents you will need to provide:
 - Proof of birth to establish age
 - Proof of all name changes since birth
 - Proof of birth and all name changes since birth for your joint annuitant if you choose a joint-survivor option

See the list of acceptable birth and name change documents below. KPERS accepts faxed or photocopied documents as long as the documents have not been altered in any way. Court documents must be certified.

5. The Retirement System will process your application. We will notify you if we need more information.
6. The Retirement System will mail a letter to your home address including information about your benefit amount.
7. Benefit payments will be directly deposited at your financial institution on the last working day of each month.

Acceptable Proof of Birth and Name Change

Proof of Birth

A photocopy of one of the following:

1. Birth certification
2. Baptismal certificate or statement as to the date of birth shown by a church record, certified by the record's custodian
3. Notification of registration of birth in a public registry of vital statistics
4. Certification or record of age by the U.S. Census Bureau
5. Hospital birth record, certified by the record's custodian
6. Foreign church or government record
7. Signed statement by the physician or midwife who was in attendance at birth, as to the date of birth shown on their records
8. Naturalization record
9. Immigration papers

If you are unable to provide proof of birth according to 1-9 above, submit a photocopy of **two** of the following documents:

10. Military record
11. Passport
12. School record, certified by the custodian of the record
13. Vaccination record, certified by the custodian of the record
14. Insurance policy application that shows the age or date of birth
15. Marriage records showing date of birth or age (application for marriage license or church record, certified by the custodian of the record or marriage certificate)
16. Other evidence such as signed statements from persons who have knowledge of the date of birth

Proof of Name Change

A photocopy of one of the following:

1. Marriage or other court records showing birth name and present name (If a person has had more than one name change, records submitted must reflect all name changes.)
2. Name Change Affidavit (KPERS-40NC) or other affidavit from a parent listing all name changes
3. Request for Member Information Change form (KPERS-12) signed and submitted to KPERS by designated agent at the time of the name change will be acceptable for name changes occurring during employment
4. Federal Employment Eligibility Verification form (I-9)
5. Driver's license
6. Social Security card

If you are unable to provide proof of name change according to 1-6 above, submit a photocopy of **two** of the following documents:

7. Name Change Affidavit (KPERS-40NC) or other affidavit from two persons declaring that the persons have known the applicant by all names in question
8. Birth documents of natural child if document shows both the given name and the married name
9. Other documents showing both names in question, such as school records, medical records, insurance policy application, etc.

Instructions for Retirement Application

■ General Information

- Complete all pages of this application.
- Feel free to detach the pages for easier completion.
- Sign and date the completed application and have it notarized where indicated.
- Mail the completed application and necessary documents to KPERS at least 30 days before the date you select to retire.
- Once KPERS receives your application, we will review it and send an acknowledgement letter to you and your employer.

■ Part A – Member Information

- 1-2. Enter your name and Social Security number. This number *must* agree with the number your employer has on file.
3. Mark the corresponding box to indicate which system you are retiring from.

Note: If you are eligible to retire from more than one plan (for example, KPERS and KP&F), you may mark more than one plan if you are choosing the *same* retirement options. Submit two applications if you wish to choose different retirement options for each plan.

4. Enter the date you've selected to retire. KPERS and KP&F members can retire on the first day of any month following the last day on the payroll. Judges and special KP&F members can retire any day of the month following the last day on the payroll.

Important: The Retirement System must receive this application before your selected retirement date.

- 5-7. Enter the indicated personal information. Enter the mailing address to which the Retirement System should direct all communications on your behalf.

■ Part B – Retirement Benefit Options

Important: Before choosing one of the seven benefit options, please review the separate *Retirement Options* publication for details about each option. Kansas law does not allow you to change this option after your retirement date.

1. Mark this box to choose the Maximum Monthly Benefit with no survivor benefits.
- 2-4. Mark the corresponding box (#2, #3 or #4) to choose a Joint-Survivor Option. Complete all information for your joint annuitant. You will need to provide proof of age and all name changes for your joint annuitant.

- 5-7. Mark the corresponding box (#5, #6 or #7) to choose a Life-Certain Option. Complete the included Designation of Beneficiary – Retired form (KPERS-7/99R).

■ Part C – Partial Lump-Sum Option (PLSO)

You can take part of your retirement benefit in an up-front lump sum at retirement. Choosing this option means you will receive a single lump-sum payment equal to a given percentage of your lifetime benefit's actuarial present value. This lump sum is then combined with one of the other retirement options to provide reduced, regular monthly payments for the rest of your life.

1. Mark the corresponding box to indicate whether you wish to choose the Partial Lump-Sum Option. You must indicate whether you are electing the PLSO. If you choose "yes," complete the rest of Part C. If you choose "no," advance to Part D.
2. Mark the corresponding box to indicate your choice of lump-sum payment percentage.

Note: KPERS 2 members can only choose a 10, 20 or 30 percent option. If you select any other option, your election will default to 30 percent. This does not affect KP&F or Judges.

In general, your retirement benefits are subject to federal tax, but not Kansas state taxes. Read and understand the "Tax Information About Plan Payments" in this booklet before completing the *PLSO Payment Options*. Federal law requires a mandatory 20 percent tax withholding on taxable amounts paid directly to you.

Note: Taxable amounts that are rolled over will not be taxed until you take it out of the traditional IRA or the eligible employer plan. A rollover to a Roth IRA is a taxable distribution in the year the funds are transferred.

Part of your PLSO payment will be considered **nontaxable** if you made any contributions on an after-tax basis.

You made contributions on an after-tax basis if you:

- Were a member before July 1984.
- Purchased service with a lump-sum payment other than a rollover or trustee-to-trustee transfer.

Federal law allows you to "recover" these amounts gradually without paying income tax on them again. A portion will be included in your PLSO payment and the rest will be paid to you gradually in your regular monthly benefit payments according to IRS regulations.

Taxable Amount

3. Mark this box to have the entire taxable amount paid directly to you. The Retirement System will withhold a required 20 percent for federal taxes. Advance to Nontaxable Amounts.
4. Mark this box to have the entire taxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #6.
5. Mark this box to have **part** of the taxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA and the remainder to you. Enter the rollover amount in the space provided. The minimum rollover is \$500. The Retirement System will withhold a required 20 percent for federal taxes from the portion paid to you. Advance to #6.
6. If you marked #4 or #5, indicate the name, mailing address, account number and plan type of each rollover plan. If different, provide address where the check should be mailed. Verify with your financial institution or rollover plan exactly how your rollover check should be made payable. Indicate the percentage of payment to be placed within each plan. The total percentage amounts must be in whole numbers and equal 100 percent.

Nontaxable Amount

Note: You may not have a nontaxable amount.

7. Mark this box to have the entire nontaxable amount paid to you. Advance to Part D.
8. Mark this box to have the entire nontaxable amount paid to a qualified defined contribution plan, traditional IRA or Roth IRA. Advance to #9.
9. If you marked #8, indicate the name, address, account number and plan type of the rollover plan. If different, provide address where the check should be mailed. Verify with your financial institution or plan exactly how your withdrawal check should be made payable.

State of Kansas Set-Off Program

The State of Kansas Set-off program is a program used to collect certain government debts. If you owe a debt to a Kansas state agency, municipality, municipal court or district court, your payment will be applied (set-off) to that delinquent debt. If your PLSO payment is set-off, additional time will be required to process your payment.

For more information on the Set-off Program, visit www.da.ks.gov/ar/setoff or call the Customer Call Center at (785) 296-4628.

■ Part D – Member Statement and Signature

Important: This section must be completed regardless of which retirement payment option you choose.

1. Read and understand each statement, then sign and date the form. You need to certify your marital status and that you received information about continuing life insurance. By signing, you are confirming that you understand all rules concerning working after retirement, including prearrangements to return to work. You are also confirming your retirement benefit option and that you understand this choice is irrevocable. Finally, you are confirming that all of the information you have provided is correct to the best of your knowledge. Your signature must be notarized.

■ Part E – Spousal Consent to Member’s Retirement Benefit Selection

Important: Kansas law requires spousal consent if you select a Partial Lump-Sum Option (PLSO) and/or any retirement benefit option that would provide less than one-half of your monthly retirement benefit to your spouse if you die. This section must be completed by your spouse if you are married and chose the Maximum Monthly Benefit, a Life-Certain Option and/or a PLSO.

1. Spouse prints his/her name.
2. Spouse needs to read and understand the statement.
3. Spouse signs and dates the form to attest that he/she is the spouse of the retiring member and that he/she understands and agrees with the retirement option the member chose. Spouse’s signature must be notarized.