

Oregon Public Service Retirement Plan (OPSRP) Pension Program and Individual Account Program (IAP) Retirement Application

General retirement information

- You must be eligible to retire. Visit the [Benefit Component Comparison page](#) on PERS website.
- If you are a Police and Firefighter (P&F) member and wish to retire before age 65, special eligibility rules apply. You must have worked continuously as a P&F member for at least 60 months (five years) immediately preceding your retirement, **and your effective retirement date must be the first of the month following your separation from P&F employment.**
- You must separate from employment with all PERS-participating employers before your effective retirement date.
- If your account is divorce-related, retirement option and beneficiary restrictions may apply.
- Your application is not effective until PERS accepts it. PERS will mail or email you a letter confirming receipt of your application and may request additional items required for application acceptance.
- When you retire from the OPSRP Pension Program, you must also retire from the IAP. Complete this entire application to retire from both programs.
- **If you have a Tier One/Tier Two Loss of Membership (LOM) account**, consider applying for it now to avoid retirement benefit processing delays. To apply for the LOM account payout, complete either the [Loss of Membership Refund Application](#) or a [Tier One/Tier Two Member Account Withdrawal Application](#) and submit it before or with your retirement application.

You will receive your first pension benefit payment within 92 days of your effective retirement date. Your IAP benefit payment is normally paid within 120 days.

General information on filling out the application

- You can either fill out this application online or fill out a hard copy. If you choose a hard copy, please print clearly with dark ink. Both online and hard copy methods require member hand sign and date in signature and notary areas.
- Your signature, and your spouse's signature if married, must be notarized on page two of the application. PERS staff can notarize applications at a [Retirement Application Assistance Session](#) (RAAS).
- Do not cross out, modify, or alter the application in any way— this could void your application.
- Please provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.
- Depending on your choices, you may need to complete additional forms. For example, if you choose a direct deposit for your installments, you must complete the [Authorization Agreement for Automatic Deposits](#) form. We have provided links to the additional forms where appropriate. Contact PERS Member Services if you are reading a paper version of these instructions and need additional support.
- PERS must know your exact date of birth to calculate your retirement benefit. If you choose a survivorship option, PERS must also validate your beneficiary's date of birth. You will find a list of acceptable verification of age documents on page 3.
- Please use your full legal name to complete and sign forms. If submitting a driver's license or passport as your age verification document, your name on the application and age verification document should match. If your legal name is not reflected on your driver's license or passport, complete the application using your current legal name and provide proof of legal name change (marriage certificate, court document, etc.).

- The tax forms you will need to complete may be impacted by your elections so please pay close attention to which tax forms you are including with your application.
- Include your name and Social Security number (SSN) or PERS ID at the top of every page and on any documents submitted with your application. Providing your SSN is mandatory, and PERS is authorized to request it under Internal Revenue code provisions. It will be used primarily to comply with mandatory IRS reporting. However, PERS may also use it internally for confirmation purposes or recovery of overpaid funds. (If you do not want it used for these purposes, enclose a written statement to that effect with your retirement application.)
- Mail, fax, or deliver your completed application with accompanying forms and required documents to PERS.
Keep a copy for your records.

Forms and documents normally needed to receive benefits

- **Oregon Public Service Retirement Plan (OPSRP) Pension Program and Individual Account Program (IAP) Retirement Application**
- **Verification of your age**
- **Verification of your beneficiary's age if you select a survivorship option**
 - o (Full-Survivorship, Full-Survivorship Increase, Half-Survivorship, Half-Survivorship Increase)
- Verification of legal name change if your current legal name differs from the name on file with PERS
- [Authorization Agreement for Automatic Deposit](#) form (optional)
- [W-4P](#) form for federal and state tax withholding
- [W-4R IAP Lump Sum Withholding](#) form if you select IAP One-time lump sum or a 5 year installment and are not requesting a 100% rollover
- [IAP Direct Transfer Rollover Acceptance](#) form if you select IAP One-time lump sum or a 5 year installment and elect to roll all or a portion of your benefit to another deferred compensation or eligible employer plan

Acceptable documentation to verify date of birth

Photocopies of birth-date documents and, if applicable, beneficiary birth-date documents are required before benefits are paid. We will not accept documents that are incomplete, appear to be altered, or **are difficult to read**. If your documents are not accepted, you will need to submit new photocopies. Please include your PERS ID or Social Security number on all documents submitted, including beneficiary documents.

<p>Group 1 If one item in this group is furnished showing birth dates, no further evidence of age is needed. Any ONE of these:</p> <ul style="list-style-type: none">• Copy of Oregon driver's license or ID card if issued on or after February 4, 2008 (current or expired)• Copy of REAL ID driver's license, driver's permit, or ID card issued by any state** (current or expired)• Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation into English certified by a notary public, public agency, or other public official)• American Indian Reservation Age Verification• Infant baptism certificate• Hospital birth certificate (if signed by attending physician or issued by state)• Passport (current or expired)• School-age record• Naturalization or citizenship papers• Family Bible record (if this record is furnished, include the following information certified by a notary public or other public official: copy of all family record entries in the Bible referring to applicant and parents, brothers, and sisters; Bible publication date or apparent age of Bible; when birth date was entered and by whom)	<p>Group 2 Two items in this group from different sources are sufficient if age or birth date is shown. Any TWO of these: Example: One child's birth certificate and one driver's license</p> <ul style="list-style-type: none">• A notarized affidavit by an older, immediate family member in a position to know the birth date (e.g., father, mother, etc.)• Certificate of military record• Marriage record (record must show your age or date of birth at time of marriage)• Any other state's driver's license or ID card. (must be current)• County voter registration (must show your age or date of birth; do not send in your precinct card)• Copy of child's birth certificate if it shows age of parents• Social Security record (record must be displayed on an estimate of benefits or screen print from the Social Security office; document must be dated within last 12 months)• Military ID (military record DD214)• Concealed weapons permit
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- If it is impossible for you to furnish the proof required in Group 1 or 2, write to PERS with a full explanation.
- Since the documents submitted cannot be returned, we suggest using photocopies. If it is illegal to copy a document, bring it in, and PERS will verify the birth information.
- Be sure to put the PERS member's Social Security number on all documents so they are properly recorded.

**A compliant REAL ID will have a picture of a star, or a star cutout in the upper right-hand corner of the card. In lieu of REAL IDs, some states also have issued "enhanced" driver's licenses, driver's permits, or ID cards. Enhanced cards are REAL ID compliant and will bear an American flag emblem and the word "enhanced" on the front of the card.

Step-by-step instructions for filling out your retirement application

Section A: Applicant information (required)

Fill in this section completely.

Provide your Social Security number (SSN) and your PERS ID. If you do not know your PERS ID, leave the PERS ID box blank; however, providing your SSN is mandatory. Your application will be delayed if SSN is missing.

Enter your date of birth in the area provided. You must also present document(s) to verify your age. You will find a list of acceptable verification of age documents on page 3 of these instructions.

Provide your personal email address. Confirmation and follow up letters are sent via email whenever possible.

Section B: Effective retirement date (required)

Enter the month and year you want to begin your retirement. Retirements **always** begin on the first of the month, so you only need to enter the **month** and the **year**.

Your **effective retirement date** can be no sooner than either the first day of the month following the last day you worked (or were on qualifying paid leave) or the first of the month following the month PERS receives your retirement application, whichever is later. **Examples:** If your last day worked is May 5, 2022, your retirement date can be no earlier than June 1, 2022. If your last day worked was May 6, 2022, but PERS does not receive your application until June 6, 2022, your retirement date can be no earlier than July 1, 2022.

If you are retiring as a Police and Firefighter (P&F) member, make sure to refer to your [OPSRP Pension Program and Individual Account Program Pre-Retirement Guide](#) for special rules.

Please note the following restrictions:

- To change or establish a new retirement date, you must submit a new retirement application and any additional required forms. PERS must receive these, as required by law, **before the issue date of your first benefit payment**.
- To change your option after your retirement date you must submit a new, signed and notarized retirement application **requesting a later retirement date**. PERS must receive the new application **before the issue date of your first benefit payment**.
- To cancel your retirement application, PERS must receive a written and signed cancellation request **before the issue date of your first benefit payment**. This request can be faxed to 503-598-0561, mailed to P.O. Box 23700, Tigard, OR 97281-3700, or delivered to PERS at 11410 SW 68th Parkway, Tigard, OR 97223.

Section C: U.S. Citizenship (required)

PERS must know your citizenship for tax purposes. Check the appropriate box.

- **Check I am a U.S. citizen or resident noncitizen** if you are a U.S. citizen or a resident noncitizen.
 - If you are a United States citizen living outside of the United States, you will be required to complete form [W-9](#) and are not allowed to claim exempt from United States federal income tax withholding. The [W-9](#) is available in the Forms section of the PERS website.
- **Check I am a nonresident noncitizen** if you are a nonresident noncitizen and complete [IRS Form W-8BEN](#): Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding. This form is available in the Forms section of the PERS website.

Section D: Working after retirement acknowledgment

By signing Section F you are acknowledging that you read and understand the limitations of working for a PERS-participating employer after retirement.

Work After Retirement Information for OPSRP Retirees.

If you return to employment with a PERS-participating employer in the state of Oregon after retirement, Oregon statutes impose certain limitations on that employment. **Compliance with the statutory limitations is your responsibility. If you exceed the work-hour limitations, you will be accountable.** Exceeding the limitations may lead to your retirement benefits being canceled and you being invoiced for any overpaid benefits.

Notice: Senate Bill 1049, passed by the Oregon Legislature in 2019, [lifted most restrictions on working after retirement](#) for **calendar years 2020 through 2024**. During these years, most PERS retirees who retire at “normal” retirement age may return to work for a PERS-participating employer and still collect their PERS retirement benefits with no limitations imposed by PERS. Your employer may have other limitations on your work hours.

Find full information on the [PERS website](#), including flowcharts, to see if you can work unlimited hours while continuing to receive your pension benefit.

Early retiree PERS Work-After-Retirement limitations

If you retire early, follow these guidelines to continue to receive your PERS benefits if you go back to work for one or more public employer(s) in Oregon:

- Make sure you have a complete break from any PERS-participating employment for **at least six full months** after your retirement date, before returning to work, if you want to work unlimited hours.
- If you **do not** have a six-month break, as an OPSRP early retiree, you may work **less than 600 hours in a calendar year** as a retiree. More details about these limitations can be found on the [PERS website](#).

Social Security limitations

If you are receiving Social Security benefits and have not reached “full retirement age” (FRA) under Social Security, the Social Security Administration and PERS have additional limitations on your employment. If you have not reached FRA, you may need to limit your hours to stay within the income allowed under the annual Social Security income limits. For details, go to the [Social Security website](#).

Section E: Acknowledgement of Receipt of Federal Tax Information Disclosure

The IRS requires PERS to notify you of the tax consequences of taking a distribution by providing the [Federal Tax Information Disclosure](#).

By signing Section F you are acknowledging that you have received and read the [Federal Tax Information Disclosure](#).

You have 30 days to review your distribution options and the associated tax consequences. PERS will not process your payment until the 30-day period has passed unless you check the box to waive your right to this 30-day period. If you check the waiver box, PERS will process your distribution as soon as possible.

If PERS is unable to process your distribution within 180 days from the signature date in Section F, the IRS requires us to provide the [Federal Tax Information Disclosure](#) again, and you will need to complete a new [Acknowledgement of Receipt of Federal Tax Information Disclosure](#) form. We will contact you if this happens.

Section F: Member signature (required)

You must sign and date in Section F to acknowledge the statements in Sections D and E and declare the information you have provided on this page is true to the best of your knowledge and belief.

Section G: Retirement options (required)

Important: We **highly** recommend you read and understand “Section A: OPSRP Pension Program - Part One: Retirement Options and Part Two: Other Things to Know” your [OPSRP Pension Program and Individual Account Program Pre-Retirement Guide](#) before filling out this section.

Any corrections, alterations, or omissions in this section **may require a new application be submitted** which could cause a delay processing your benefits.

Select only **ONE** of the **5** options listed.

See your [OPSRP Pension Program and Individual Account Program Pre-Retirement Guide](#) for information regarding registered domestic partners.

You can change your option by submitting a new, signed and notarized retirement application up to your effective retirement date. The option choice becomes irrevocable on your effective retirement date. To change your effective retirement date see instructions in Section B.

Small Benefit Cash Out (SBCO) information – Some members may receive an estimate or letter stating their monthly OPSRP pension unreduced single life benefit will be less than \$200 a month and they will receive a SBCO. Although a SBCO may be paid in lieu of a monthly pension benefit, the SBCO is not a selectable benefit option. All retiring members must choose a valid option in Section G and complete the beneficiary designation in Section H.

Section H: OPSRP beneficiary designation (required)

Any corrections, alterations, or omissions in this section **may require a new application be submitted** which could cause a delay processing your benefits.

All members should name a beneficiary in this section. If you selected a survivorship option you are required to complete this section.

- You may only name one beneficiary and it must be a person.
- You must provide your beneficiary's legal name, date of birth, and the beneficiary's relationship to you. Your application will be returned if information is missing. This could delay your benefit payment.
- PERS also requests that you provide your beneficiary's Social Security number. This can be an important tool in identifying and locating your beneficiary after your passing.

The designation becomes effective on your effective retirement date.

If you elect the Single Life Option and die on or after your effective retirement date, but before PERS has distributed your first payment, the beneficiary named in Section H will receive a one-time payment of your accrued, but unpaid retirement benefits.

You can change your beneficiary up to your effective retirement date by submitting a new, signed and notarized retirement application. See your [OPSRP Pension Program and Individual Account Program Pre-Retirement Guide](#) for more information. Your beneficiary becomes irrevocable on your effective retirement date. To change your effective retirement date see instructions in Section B.

Section I: Verification of Age (required)

Check the boxes to indicate you are submitting age documentation for yourself and for your beneficiary if you selected a survivorship option.

A list of acceptable verification of age documents is on page 3 of these instructions. Illegible verification of age documents routinely cause benefit delays. **Please provide legible documentation.**

Section J: Member declaration and Spousal consent – notarized signatures (required)

Do not complete any part of this section until you are with the notary. Any corrections, alterations, or omissions in this section **may require a new application be submitted** which could cause a delay processing your benefits. Notary stamp must be legible.

Member:

- You must **select one of the marital status boxes** to indicate your marital status as of your effective retirement date.
- **Your signature and date must be notarized.**
- Your signature date and the notary's signature date must be the same date.

Member's Spouse (if member is married):

- **Your signature and date must be notarized** to indicate your spousal consent of the option and beneficiary selected by the member.
- Your signature date and the notary's signature date must be the same date.

Failure of a married member to obtain valid spousal consent in this section will result in a mandatory default to a Half-Survivorship Option with your spouse as your beneficiary.

Section K: IAP distribution option

You must choose one option in Section K to select your IAP distribution.

Be aware that all IAP distributions except those automatically deposited to your bank account and those rolled over to the Oregon Savings Growth Plan (OSGP) will be mailed directly to the address listed in **Section A** of your application. In the case of a rollover, your financial institution will be the payee on the check. Requests for rollovers to the Oregon Savings Growth Plan (OSGP) are automatically transferred from your IAP account into your OSGP account. You must be a current OSGP participant to roll over your installment(s) to OSGP.

Distribution option details:

- **One-time lump-sum distribution or 5-year installment distribution** (rollover eligible)

In a one-time lump-sum distribution of your entire IAP account, or in the case of the 5-year installment distribution, you may elect to have all or a portion of the distribution rolled over. These rollover-eligible distributions can be paid directly to you or rolled over to an IRA, eligible employer plan, or deferred compensation plan. It can also be split as a combination payment, including an amount rolled over, and the remainder issued in a payment directly to you. The minimum pre-distribution account balance required for the rollover portion in a combination split/roll distribution is \$500.

If you choose a one-time lump-sum distribution or a 5-year installment distribution, you must also complete **Section L**. And you must also fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100% of your distribution.

- **10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution**

The 10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution options are not rollover eligible. You may choose to receive installment payments by a direct deposit into your bank account or by a check mailed directly to you. You must also fill out the [W-4P tax withholding](#) form.

Frequency details for installment distribution options:

- **5-, 10-, 15-, 20-year, and Anticipated Life-Span Option installment distribution**

All options other than the one-time lump-sum distribution receive installment payments. Because you will receive installments you must also choose a monthly, quarterly, or annual distribution frequency.

Select your preferred frequency directly below your elected installment distribution.

Once your distribution has begun, your payment will be equal to the current market value of your account divided by the number of payments left for the balance of the distribution. Because the market fluctuates daily, each distribution may be different based on the current market value of your account. If your account reaches a zero balance, your distribution stops, regardless of the number of payments left for the option chosen.

If you elect an installment option, you must designate a beneficiary by completing **Section M**.

If you decide you no longer wish to receive an installment distribution, you can make a one-time decision to cash out your IAP account. Once the account is distributed as a cash-out, it is not reversible and will close your PERS IAP account.

Membership in PERS is retained with an IAP cash-out at retirement; should you return to qualifying employment, you will not need to serve a six-month waiting period.

If you decide to cash out and the distribution of your remaining account balance is greater than \$200, the distribution is rollover-eligible and will be taxed accordingly.

If you decide to cash out, are under the age of 59½, and are not rolling over these funds, the IRS may assess a 10% early withdrawal penalty.

If you have any questions regarding tax laws, you may want to consult with a qualified tax professional or the IRS.

Section L: IAP payment distribution

ONLY complete this section if you selected one-time lump-sum or a 5-year installment. (Box # 1 or #2 in Section K)

Indicate whether or not to roll over any portion of your distribution into a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.

Check box 1 if you want your IAP distribution to go directly to you. Please fill out the [Direct Deposit](#) form to have your distribution deposited into your bank account. You will be taxed on your distribution, complete the [W-4R IAP Lump Sum Withholding](#) form. Selecting box 1 completes Section L.

Check box 2 to roll over your IAP distribution.

Fill in the information in 2a to indicate the specific percentage or dollar amount to be rolled over. If you roll over less than 100% of your benefit, complete the [W-4R IAP Lump Sum Withholding](#) form.

Fill in the information in 2b and 2c.

- **Check one of the boxes under 2b** to indicate whether the distribution(s) will be going to the Oregon Savings Growth Plan (OSGP), a traditional IRA, Roth IRA, or another deferred compensation or eligible employer plan.
- **In box 2c**, provide the name of your financial institution or employer plan for your rollover payment. The rollover check will be made payable to the institution or plan you provide in this box, if you are uncertain to whom the check should be payable, please consult with your financial institution or employer plan prior to completing this section.

Note: All IAP rollover checks other than to OSGP will be mailed to you with the financial institution or employer plan as the payee. **You must be a current OSGP participant to roll over your distribution(s) to OSGP.**

If you are rolling over funds to another deferred compensation or employer plan other than OSGP, **you must have an authorized representative of the plan complete the [IAP Direct Transfer Rollover Acceptance](#) form.**

Section M: IAP beneficiary designation

All members with an IAP should complete this section to designate a beneficiary or beneficiaries for the IAP. The designation becomes effective on your effective retirement date. This designation applies if you select a one-time lump sum and die on or after your effective retirement date but before your benefit is distributed or if you select an installment option and die anytime on or after your effective retirement date.

Check the appropriate box to use the standard beneficiary designation or to name specific beneficiaries.

If you choose the standard designation, **do not** name any specific person. Instead, your beneficiary selection follows the order described in law.

The standard designation directs PERS to pay benefits in the order listed below:

- 1) Your spouse, if legally married at the time of death. If not married, then to
- 2) Your child* or children in equal shares. If any of your children are deceased, their portion is equally divided between their children who are alive at the time of your death. If all of your children predecease you, the benefit will be awarded to your grandchildren living at the time of your death, in equal shares. If no children or grandchildren survive you, then to
- 3) Your mother and father in equal shares, or to the survivor. If neither survives you, then to
- 4) Your brothers and sisters in equal shares, and the share of any brother or sister who does not survive you, to their children living at the time of your death in equal shares. If none of your brothers or sisters survive you, to the children of your brothers and sisters living at the time of your death in equal shares. If neither your siblings nor their children survive you, then to
- 5) Your estate

*Natural born and adopted children are considered “children” even if you selected the standard designation before or after their adoption or birth. If your children are adopted by someone else, they are not considered your “children” under the standard designation. If you wish to name the adopted-out children as your beneficiary, use the specific designation part of this form.

Section M: IAP beneficiary designation (continued)

The **specific** designation allows you to name specific persons, charities, trusts, or your estate.

Providing requested information assists in locating your beneficiary.

If you need to add more beneficiaries, attach an additional sheet of paper that includes all the same information listed in the table for each beneficiary. Include your name and SSN at the top of each additional sheet.

- The percentages assigned to primary beneficiaries must total 100%.
- If you do not assign percentages, the beneficiaries on that level (primaries or alternates under each specific primary) will share equally.
- You can name one or more alternate beneficiaries for each of your primary beneficiaries. The alternates will receive the primary beneficiary's share if the primary beneficiary predeceases you. Note: The percentage you designate for the alternates must equal the percentage you assigned to the primary beneficiary. (E.g., if you designate 50% to primary beneficiary #1 and have two alternates for that beneficiary, the percentages for the two alternates must total 50%.)
- If you name your estate as a beneficiary, you may not provide an alternate beneficiary for your estate.

Example for naming specific beneficiaries:

Specific Primary beneficiary #1						If living; otherwise, to #1 alternate beneficiary(ies).	
#1	Full name <i>Jane Smith</i>		Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1982</i>	Phone <i>503-555-1212</i>	Percentage 50%	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>janesmith@gmail.com</i>		Relationship <i>Daughter</i>			
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1							
#1a	Full name <i>Mary Brown</i>		Social Security # <i>000-00-0000</i>	Date of birth <i>8/25/1956</i>	Phone <i>808-555-4111</i>	Percentage 30%	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship <i>Sister</i>			
#1b	Full name <i>Animals Win</i>		Social Security #	Date of birth	Phone <i>888-555-1111</i>	Percentage 20%	
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input checked="" type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Dalmatian Dr., Portland, OR</i>		Relationship			
Specific Primary beneficiary #2						If living; otherwise, to #2 alternate beneficiary(ies).	
#2	Full name <i>George Smith</i>		Social Security # <i>000-00-0000</i>	Date of birth <i>4/15/1975</i>	Phone <i>808-555-1612</i>	Percentage 50%	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Son</i>			
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2							
#2a	Full name <i>Christina Smith</i>		Social Security # <i>000-00-0000</i>	Date of birth <i>2/19/1997</i>	Phone <i>808-555-6641</i>	Percentage 25%	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Granddaughter</i>			
#2b	Full name <i>Jacob Smith</i>		Social Security # <i>000-00-0000</i>	Date of birth <i>6/15/1988</i>	Phone <i>808-555-1620</i>	Percentage 25%	
	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address <i>000 Ocean Way, Hilo, HI</i>		Relationship <i>Grandson</i>			

The percentages of #1 and #2 primary beneficiaries add up to 100% (50+50=100)

The percentages of #1a and #1b alternate beneficiaries add up to the #1 primary's percentage (30+20=50)

The percentages of #2a and #2b alternate beneficiaries add up to the #2 primary's percentage (25+25=50)

You must sign and date Section M. The beneficiary designation is not valid unless signed. Your signature is required for both the Standard and Specific designations.



11410 SW 68th Parkway, Tigard OR 97223
Mailing Address – PO Box 23700, Tigard OR 97281-3700
Toll free – 888-320-7377 fax – 503-598-0561
Website – <http://oregon.gov/pers>



Oregon Public Service Retirement Plan (OPSRP) Pension Program and Individual Account Program (IAP) Retirement Application

Section A: Applicant information

First name	MI	Last name	PERS ID (optional)
Mailing address (street or PO box)			Social Security number (Required)*
City	State	ZIP code	Country
Home phone number		Work phone number	Cell phone number
		Personal Email	

Section B: Effective retirement date

My PERS retirement date is the first day of:

**PERS must receive your application
before this month and year.**

Month

Year

Section C: U.S. Citizenship (You are required to select one box below)

- ☐ I am a U.S. citizen or resident noncitizen.
☐ I am a nonresident noncitizen, and I have completed and included my IRS [W-8BEN form](#).

Section D: Working after retirement acknowledgment

By signing in Section F, I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for OPSRP Retirees](#).

Section E: Acknowledgement of Receipt of Federal Tax Information Disclosure

By signing in Section F, I acknowledge that I have received and read the [Federal Tax Information Disclosure](#).

- ☐ I waive my right to the 30-day period for reviewing the Federal Tax Information Disclosure. (optional)

Section F: Member signature (Required)

I hereby declare that all statements on this page are true to the best of my knowledge and belief.

Applicant's signature (Required for benefit processing)	Date
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*Providing your Social Security number (SSN) is mandatory, and PERS is authorized to request it under provisions of the Internal Revenue code. It will primarily be used to comply with mandatory IRS reporting. It could also be used for confirmation purposes or recovery of overpaid funds.

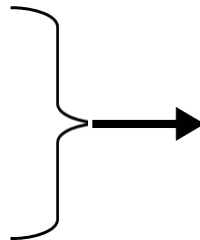
In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

First name (required)	MI	Last name (required)	Social Security number (required)
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NO ALTERATIONS OR CORRECTIONS ARE ALLOWED ON THIS PAGE

Section G: Retirement options (Required - Select only ONE of the 5 options below)

1. ☐ Single Life Option
2. ☐ Full-Survivorship Option
3. ☐ Full-Survivorship Increase Option
4. ☐ Half-Survivorship Option
5. ☐ Half-Survivorship Increase Option



All members should name an OPSRP beneficiary in Section H below.

The Section H beneficiary designation becomes effective on your retirement date.

You may only name one person.

If you elect the Single Life Option, the only benefit payable to your beneficiary would be any retirement benefit accrued after your retirement date but not yet paid to you.

Section H: OPSRP beneficiary designation (Required)

Beneficiary's full name (Required)	Beneficiary's SSN (Requested)
Beneficiary's date of birth (mm/dd/yyyy) (Required)	Beneficiary's relationship to you (Required)

Section I: Verification of Age (Required) – see instructions for acceptable documentation

- ☐ I am submitting acceptable verification of age to PERS with my retirement application to verify my date of birth.
- ☐ I selected a survivorship option (#2 - #5 above) and am submitting my beneficiary's verification of age to PERS.

Section J: Member declaration and Spousal consent – notarized signatures (Required)

<p>Do not complete any portion of this section until you are with the notary.</p> <p>Member and spouse (if married) must sign in the presence of a notary.</p>			
<p>Member declaration of Marital status (Required)</p> <p><input type="checkbox"/> As of my effective retirement date, I am married.</p> <p><input type="checkbox"/> As of my effective retirement date, I am single.</p>		<p>Spousal consent (Required if married)</p> <p>By my notarized signature below, I consent to the option and beneficiary my spouse selected.</p>	
Applicant's signature	Date	Spouse's signature	Date
Notary Public		Notary Public	
State of	County of	State of	County of
Applicant name		Spouse name	
Signed before me on this date		Signed before me on this date	
By (notary's signature)		By (notary's signature)	

First name (required)	MI	Last name (required)	Social Security number (required)
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Section K: IAP distribution election

Select **only one from the six choices** below and follow instructions based on your selection.

1. ☐ One-time lump-sum distribution (**rollover eligible**). **Complete Section L.**
Fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100 percent of your distribution.
2. ☐ 5-year installment distribution (**rollover eligible**).
Select frequency: ☐ Monthly ☐ Quarterly ☐ Annually **Complete Section L.**
Fill out the [W-4R – IAP Lump Sum Withholding](#) form if you are not rolling over 100 percent of your distribution.
3. ☐ 10-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: ☐ Monthly ☐ Quarterly ☐ Annually **Skip Section L.**
4. ☐ 15-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: ☐ Monthly ☐ Quarterly ☐ Annually **Skip Section L.**
5. ☐ 20-year installment distribution – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: ☐ Monthly ☐ Quarterly ☐ Annually **Skip Section L.**
6. ☐ Anticipated Life-Span Option installments – (**not rollover eligible**). Fill out a [W-4P tax withholding](#) form.
Select frequency: ☐ Monthly ☐ Quarterly ☐ Annually **Skip Section L.**

Section L: IAP payment distribution

This Section is not for all members

Only complete this section if you selected one-time lump-sum (#1) or a 5-year installment (#2) in **Section K**.

1. ☐ Do not roll over. Send distribution(s) directly to me, or [direct deposit](#) to my bank account. **Continue to Section M.**
2. ☐ Roll over my distribution(s).

Subsections 2a, 2b, and 2c must be completed. Complete one line only under each 2a and 2b.

2a. Roll over _____ % of my distribution, **or**
Roll over \$ _____ of my distribution.

2b. Roll to: ☐ Traditional IRA.

☐ Roth IRA.

☐ Oregon Savings Growth Plan (OSGP).

You must be a current OSGP participant to roll over your installment(s) to OSGP.

☐ Another deferred compensation or employer plan.

You must have an **authorized representative of the plan complete** the [IAP Direct Transfer Rollover Acceptance](#) form and **submit it with your application** if you check this box.

2c. List the name of your financial institution or employer plan name for your rollover below.

Rollover check should be made payable to:



Note: All IAP rollover checks other than to the OSGP will be mailed to you with the financial institution as the payee.

First name (required)	MI	Last name (required)	Social Security number (required)
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Section M: IAP beneficiary designation (Required - Select only one Standard or Specific)

☐ **STANDARD** - I elect to use the **Standard** beneficiary designation. **Do not complete table below.**

☐ **SPECIFIC** - I elect to use the **Specific** beneficiary designation. **Complete the table below.**

Specific Primary beneficiary #1		If living; otherwise, to #1 alternate beneficiary(ies).			
#1	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #1 Alternate percentages must equal percentage assigned to primary #1					
#1a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#1b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

Specific Primary beneficiary #2		If living; otherwise, to #2 alternate beneficiary(ies).			
#2	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
Alternate beneficiary(ies) for Primary #2 Alternate percentages must equal percentage assigned to primary #2					
#2a	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	
#2b	Full name	Social Security #	Date of birth	Phone	Percentage
	<input type="checkbox"/> Person <input type="checkbox"/> Estate <input type="checkbox"/> Charity <input type="checkbox"/> Trust	Email or address		Relationship	

☐ Check this box if you want PERS to apply the following: If any of the named primary beneficiaries predecease me and I have not named an alternate beneficiary, I want the portion of my benefit that was designated to that beneficiary shared equally among the remaining primary beneficiaries living at my death.

I understand this beneficiary designation becomes effective upon my effective retirement date.

Applicant's signature (Required for Section M: IAP beneficiary designation) ▶	Date
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