



## Tier One/Tier Two/Individual Account Program (IAP) Retirement Application

### Section A: Applicant information

First name		MI	Last name		PERS number (optional)
Mailing address (street or PO box)				Country	Social Security number*
City			State	Zip	Date of birth (mm/dd/yyyy)
Home phone number	Work phone number	Cell phone number	Email		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

My PERS retirement date is the **first day** of \_\_\_\_\_  
 Month Year

### Section B: Retirement options (Select a survivorship or a non-survivorship option.)

Survivorship Options (Name a beneficiary.)				Non-Survivorship Options	
<input type="checkbox"/> Option 2	<input type="checkbox"/> Option 3	<input type="checkbox"/> Lump-Sum Option 2	<input type="checkbox"/> Lump-Sum Option 3	<input type="checkbox"/> Option 1 <input type="checkbox"/> Refund Annuity <input type="checkbox"/> 15-Year Certain <input type="checkbox"/> Lump-Sum Option 1 <input type="checkbox"/> Total Lump-Sum	
<input type="checkbox"/> Option 2A	<input type="checkbox"/> Option 3A	<input type="checkbox"/> Lump-Sum Option 2A	<input type="checkbox"/> Lump-Sum Option 3A		
Beneficiary name		Beneficiary Social Security number			
Beneficiary date of birth (mm/dd/yyyy)		Relationship to you			

### Section C: Spousal consent and notarized signature

<b>Member acknowledgment</b> Must sign in the presence of a notary. <input type="checkbox"/> As of my effective retirement date, I am married. <input type="checkbox"/> As of my effective retirement date, I am single.		<b>Spousal consent (Required if married.)</b> Must sign in the presence of a notary. <input type="checkbox"/> I consent to the option and beneficiary my spouse selected.	
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)	

**Print and sign this form.** This application is not valid unless you sign and date each section of the form you complete.

\*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.

First name	MI	Last name	Social Security number
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**Section D: Citizenship and residency**

Are you either a U.S. citizen or resident alien? (Select only one.)

- Yes
- No (Complete a [W-8BEN form.](#))

Select one:

- I am a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will be** subject to Oregon personal income tax.
- I am not a resident of the state of Oregon; therefore, payments made to me as a result of this benefit application **will not** be subject to Oregon personal income tax.

I hereby declare that the above statement is true to the best of my knowledge and belief, and I understand it is subject to penalty for perjury.

Applicant's signature ▶	Date
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**Section E: Variable election**

If you have a variable account, do you want to continue to participate in the Variable Annuity after retirement? This may cause your benefit to increase or decrease annually. (Select only one.)

- Yes
- No

**Section F: Police officer and firefighter units**

I would like my police officer and firefighter units benefit effective:

- On my selected retirement date in Section A to be paid over \_\_\_\_\_ months.  
Number
- Delayed until \_\_\_\_\_ 1, \_\_\_\_\_ to be paid over \_\_\_\_\_ months.  
Month Year Number

**Section G: Working after retirement acknowledgment**

By signing below I acknowledge that I have received and read the PERS document entitled [Working After Retirement Information for Tier One/Tier Two Retirees.](#)

Applicant's signature ▶	Date
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**Section H: Acknowledgment of Receipt of Federal Tax Information Disclosure and federal tax 30-day waiver**

- I have received and read the [Federal Tax Information Disclosure.](#)

Applicant's signature ▶	Date
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First name	MI	Last name	Social Security number
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**Section I: Tier One/Tier Two lump-sum distribution installments**

You can receive your lump-sum in one, two, three, four, or five annual payments. Check the appropriate box below to indicate how many installments you want to receive, and then enter the percentage you want for each installment. The total must equal 100 percent. (Select only one.)

<input type="checkbox"/> 100%	<input type="checkbox"/> Two installments:	<input type="checkbox"/> Three installments:	<input type="checkbox"/> Four installments:	<input type="checkbox"/> Five installments:
	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %	1st <input type="text"/> <input type="text"/> %
	2nd <input type="text"/> <input type="text"/> %	2nd <input type="text"/> <input type="text"/> %	2nd <input type="text"/> <input type="text"/> %	2nd <input type="text"/> <input type="text"/> %
	<input type="text"/> <input type="text"/> <input type="text"/> %	3rd <input type="text"/> <input type="text"/> %	3rd <input type="text"/> <input type="text"/> %	3rd <input type="text"/> <input type="text"/> %
		<input type="text"/> <input type="text"/> <input type="text"/> %	4th <input type="text"/> <input type="text"/> %	4th <input type="text"/> <input type="text"/> %
			<input type="text"/> <input type="text"/> <input type="text"/> %	5th <input type="text"/> <input type="text"/> %
				<input type="text"/> <input type="text"/> <input type="text"/> %

**Section J: Tier One/Tier Two lump-sum payment distribution**

Select only one. **Important: You must provide either a percentage or dollar amount below.**

- Send installment(s) directly to me.
- Send my installment(s) to an IRA. My IRA is a  traditional IRA  Roth IRA.
  - Roll over \_\_\_\_\_ percent of my payment.
  - Roll over \$ \_\_\_\_\_ of my payment.

Send my installment to the custodian or trustee of my IRA:

Custodian/trustee name	Account number	Phone number
Address	City	State
		Zip

- Send my installment(s) to another eligible employer plan or deferred compensation plan.
  - Roll over \_\_\_\_\_ percent of my payment.
  - Roll over \$ \_\_\_\_\_ of my payment.

**Note:** If you are rolling over funds to an eligible employer plan or deferred compensation plan other than the Oregon Savings Growth Plan (OSGP) you must have an authorized representative of the plan complete the [Direct Transfer Rollover Acceptance form](#).

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**Section K: Beneficiary for Tier One/Tier Two non-survivorship options**

I understand these beneficiary designations become effective on my retirement date.

Complete this section if you chose a non-survivorship option in Section B (Option 1, Refund Annuity, 15-Year Certain, Lump-Sum Option 1, or Total Lump-Sum. Select only one.)

- I elect to use the standard beneficiary designation.
- I elect to use the specific designation of beneficiary. (You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. Add additional beneficiaries on a separate sheet of paper.)

How many beneficiaries do you want to designate? \_\_\_\_\_

<b>Specific beneficiary #1</b>						
<b>Primary beneficiary</b> [If living; otherwise, to #1 alternate beneficiary(ies).]						
<b>#1</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #1 specific beneficiary is deceased.)						
<b>1a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>1b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Specific beneficiary #2</b>						
<b>Primary beneficiary</b> [If living; otherwise, to #2 alternate beneficiary(ies).]						
<b>#2</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #2 specific beneficiary is deceased.)						
<b>2a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>2b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

<b>Specific beneficiary #3</b>						
<b>Primary beneficiary</b> [If living; otherwise, to #3 alternate beneficiary(ies).]						
<b>#3</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #3 specific beneficiary is deceased.)						
<b>3a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>3b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

- If any of the above 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.

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### Section L: IAP distribution election

**Do you have an IAP account?** (Select only one.)

- Yes (Complete Sections L and N); fill out Section M as applicable.  
 No (You have finished filling out this form. **Please print the form, then sign and date the sections you completed.**)

Select only one.

One-time lump-sum distribution (rollover eligible). Fill out the tax withholding form for [IAP Rollover-Eligible Distributions](#) if you are not rolling over all your distribution. (Complete Section M.)

5-year installment distribution (rollover-eligible). Fill out the tax withholding form for [IAP Rollover-Eligible Distributions](#) if you are not rolling over all your distribution. (Complete Section M.)

**Select frequency:**  Monthly  Quarterly  Annually

10-year\*\* or  15-year\*\* or  20-year\*\* installment distribution. **\*\*Not rollover eligible.** Fill out the [W4-P](#) tax withholding form.

**Select frequency:**  Monthly  Quarterly  Annually

Anticipated Life-Span Option installment distributions (not rollover-eligible). Fill out the [W4-P](#) tax withholding form.

**Select frequency:**  Monthly  Quarterly  Annually

### Section M: IAP payment distribution

Complete this section if you chose a one-time lump-sum distribution or a 5-year installment distribution in Section L. (Select only one.)

- Do not roll over. Send installment(s) directly to me.  
 Send my installment(s) to an IRA. My IRA is a  traditional IRA  Roth IRA.  
 Roll over \_\_\_\_\_ percent of my payment.  
 Roll over \$ \_\_\_\_\_ of my payment.

Send my installment to the custodian or trustee of my IRA. Custodian/trustee name:
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- Send my installment(s) to another eligible employer plan or deferred compensation plan.  
 Roll over \_\_\_\_\_ percent of my payment.  
 Roll over \$ \_\_\_\_\_ of my payment.

**Note:** If you are rolling over funds to an eligible employer plan or deferred compensation plan other than the Oregon Savings Growth Plan (OSGP) **you must have an authorized representative of the plan complete the [IAP Direct Transfer Roll-over Acceptance form](#).** All IAP rollover checks other than to OSGP will be mailed to you with the trustee as the payee.

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**Section N: IAP beneficiary election (Select only one.)**

- I elect to use the standard beneficiary designation.
- I elect to use the specific designation of beneficiary. (You may designate more than one beneficiary and the percentage of the account distributed to each. The total percentage must equal **100 percent**. Complete the table below. (Add additional beneficiaries on a separate sheet of paper.)

How many beneficiaries do you want to designate? \_\_\_\_\_

<b>Specific beneficiary #1</b>						
<b>Primary beneficiary</b> (If living; otherwise, to #1 alternate beneficiary(ies).)						
<b>#1</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #1 specific beneficiary is deceased.)						
<b>1a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>1b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Specific beneficiary #2</b>						
<b>Primary beneficiary</b> (If living; otherwise, to #2 alternate beneficiary(ies).)						
<b>#2</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #2 specific beneficiary is deceased.)						
<b>2a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>2b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Specific beneficiary #3</b>						
<b>Primary beneficiary</b> (If living; otherwise, to #3 alternate beneficiary(ies).)						
<b>#3</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>Alternate beneficiary(ies):</b> How many alternate beneficiaries do you want to designate? _____ (Benefit will go to those named below if #3 specific beneficiary is deceased.)						
<b>3a</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage
<b>3b</b>	Name of person or charity	Social Security #	Date of birth	Relationship	Address of person or charity	Percentage

- If any of the above 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.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date