

## Oregon Public Service Retirement Plan (OPSRP) Pension 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.
- To retire at the early or normal retirement age for a police officer or firefighter, your last 60 months of retirement credit prior to being eligible for P&F normal age or earliest age retirement must be classified as P&F.
- 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. If PERS does not receive the requested required information or a valid extension request within 85 days of your effective retirement date, PERS will discontinue processing your incomplete application. If this happens, you will need to reapply to initiate benefits.
- When you retire from your OPSRP Pension, you must also retire from your 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 should 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.
- 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 know 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 this form is being signed by a person holding Power of Attorney (POA), please sign in the following manner: <<Insert attorney in fact's name>> POA for <<insert principal's name>>. Example, if Jane Smith is attorney in fact for PERS member Jack Jones, Jane should sign the document as "Jane Smith POA for Jack Jones."
- 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 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 the IAP one-time lump-sum option or a five-year installment and are not requesting a 100% rollover
- [IAP Direct Transfer Rollover Acceptance](#) form if you select the IAP one-time lump-sum option or a five-year installment and elect to roll all or a portion of your benefit to another deferred compensation or eligible employer plan

## Verification of Age or Identity

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 we cannot accept your documents, you will need to submit new photocopies. Please include your PERS ID or Social Security number\* on all documents submitted, including beneficiary documents.

<p><b>Group 1</b></p> <p>If one item in this group is furnished showing birth dates, no further evidence of age is needed.</p> <p><b>Any ONE of these:</b></p> <ul style="list-style-type: none"> <li>• Copy of Oregon driver's license or ID card if issued on or after February 4, 2008 (current or expired)</li> <li>• Copy of REAL ID driver's license, driver's permit, or ID card issued by any state** (current or expired)</li> <li>• Copy of any other state's driver's license or ID card. (must be current)</li> <li>• Birth verification issued by state, county, or country (documents issued by foreign governments in a language other than English need to include a translation in English certified by a notary public, public agency, or other public official)</li> <li>• American Indian Reservation Age Verification</li> <li>• Infant baptism certificate</li> <li>• Hospital birth certificate (if signed by attending physician or issued by state)</li> <li>• Passport (current or expired)</li> <li>• School-age record</li> <li>• Naturalization or citizenship papers</li> <li>• Family Bible record</li> </ul> <p>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; and when birth date was entered and by whom.</p>	<p><b>Group 2</b></p> <p>Two items in this group from different sources are sufficient if age or birth date is shown.</p> <p><b>Any TWO of these:</b></p> <p><b>Example:</b> One child's birth certificate and one military ID</p> <ul style="list-style-type: none"> <li>• A notarized affidavit by an older, immediate family member who is in a position to know the birth date (e.g., father or mother)</li> <li>• Certificate of military record</li> <li>• Marriage record (record must show your age or date of birth at time of marriage)</li> <li>• County voter registration (must show your age or date of birth; do not send your precinct card)</li> <li>• Copy of child's birth certificate if it shows age of parents</li> <li>• 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)</li> <li>• Military ID (military record DD214)</li> <li>• Concealed weapons permit</li> </ul>
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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.
- We cannot return your documents, so do not send originals. If it is illegal to copy a document, bring it to a PERS office, and PERS will verify the birth information.
- Include the member's Social Security number or PERS ID on all documents so they are properly recorded.
- Mail, fax, or deliver your documents to PERS.

\*Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. Failure to supply your SSN may delay the processing of this form.

\*\*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 have "enhanced" driver's licenses, driver's permits, or ID cards. Enhanced cards are REAL ID compliant and bear an American flag emblem and the word "enhanced" on the front.

# 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 Preretirement 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 or beneficiary after your effective retirement date you must submit a new, signed and notarized (if required) 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

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 IRS 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 (required)

By signing **Section I** you are acknowledging that you have read and you 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. As a result of House Bill 2296, passed by the Oregon Legislature in 2023, these rules will now **continue through December 31, 2034**. 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 more 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 (required)**

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 I 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 I, 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: 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 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” of your [OPSRP Pension Program and Individual Account Program Preretirement Guide](#) before filling out this section.

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

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

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

**You can change your option by submitting a new, signed and notarized (if required) 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 to 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 (if required) retirement application.** See your [OPSRP Pension Program and Individual Account Program Preretirement 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: Member declaration and Spousal consent (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 to 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 is required.**
- **Your signature in this section acknowledges:**
  - o Your marital status as of your effective retirement date.
  - o Your request for benefits to be distributed based on your application selections.
  - o Your OPSRP pension beneficiary in Section H; or if married that your spouse is your OPSRP beneficiary unless your spouse has provided notarized consent to the beneficiary you designated in Section H.
  - o Your IAP beneficiary(ies) in Section L; or if married that your spouse is your sole primary IAP beneficiary unless your spouse has provided notarized consent to the beneficiary(ies) you designated in Section L.
  - o Your receipt and review of the [Federal Tax Information Disclosure](#) provided by PERS if you have any rollover eligible distributions.
  - o You have read and understand the [limitations of working for a PERS-participating employer after retirement](#).

### Member's Spouse (if member is married):

- Your consent signature is required for all OPSRP pension options.
- **Your consent must be notarized if the member:**
  - o **Selects the OPSRP Single Life Option.**
  - o **Names anyone other than you as beneficiary for OPSRP (Section H).**
  - o **Names anyone other than you as a primary IAP beneficiary (Section L).**
- If notarization is required, 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. If the default option is applied and you want to change your option or beneficiary, **a new valid application must be received before your effective retirement date.** Your option and beneficiary become irrevocable on your effective retirement date. To change your effective retirement date see instructions in Section B.



## Section J: IAP distribution election (required)

**You must choose one election in Section J 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 election 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 K**. 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 distributions are not rollover eligible. You may choose to receive installment distributions 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 distributions:**

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

All distributions 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 distribution, you must designate a beneficiary by completing **Section L**.

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 K: IAP distribution payment

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

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 K.

**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 rollover 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: IAP rollover checks will be mailed to you with the financial institution or employer plan as the payee except those payable to OSGP. OSGP checks will be mailed directly to VOYA as OSGP's authorized record keeper. **You must be a current OSGP participant to roll over your installment(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 L: 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.

Providing the requested information assists PERS in locating your beneficiary after your death.

If you have a member IAP account and you have an Alternate Payee (AP) IAP account from a divorce award, this designation only applies to the IAP account you are retiring with this application.

If you die after retirement, PERS will pay any remaining IAP balance per the retirement/post-retirement IAP beneficiary designation on file.

If you do not have a designation on file for your IAP account or your designated beneficiary predeceases you, PERS will pay per the statutory order in effect at the time of your death. The statutory order in effect at the time of publication of this form is: (A) Surviving spouse; if none, to (B) **\*\*Surviving children**, in equal shares; if none, to (C) Your estate.

**\*\*Biological and adopted children are considered "children."** If your biological children are adopted by someone else, they are not considered your "children." Stepchildren are not considered your "children" unless legally adopted.

**Complete your retirement IAP beneficiary designation as follows:**

- **You must provide declaration of your marital status in [Section I](#).**
- You may name persons, charities, trusts, or your estate as beneficiary.
- **If married**, you must name your spouse as your sole 100% primary beneficiary unless your spouse provides notarized consent in Section I allowing designation of another party as primary. The notarized spousal consent is required regardless of the percentage(s) designated to a primary other than your spouse.
- If you name your spouse as beneficiary and later get divorced, your spouse will be deemed as having predeceased you unless you or a court order expressly designates your former spouse to continue as beneficiary after the effective date of your divorce. This means that your former spouse is no longer your beneficiary unless otherwise provided by you or a court order.



## Section L: IAP beneficiary designation - continued

- If your spouse has consented to a beneficiary other than themselves, your spouse can revoke consent up to the time of your death. To revoke spousal consent, PERS must receive and accept an IAP: Revocation of Spousal Consent of Beneficiary Designation form submitted by your spouse. If this occurs, your spouse will become your sole primary beneficiary.
- If you need to add more beneficiaries, use the [Supplemental Insert to Name Additional Beneficiaries](#) form available on the PERS website.
- The percentages assigned to primary beneficiaries must total 100%. Example, if you want to name 3 beneficiaries as equally as possible, use 33.33%, 33.33% and 33.34%.
- 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 (i.e., 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 a trust as a beneficiary, write the complete name of the trust in the 'Full name' field.
- If you are naming your estate as beneficiary, write "My estate" in the 'Full name' field. You are not permitted to name an alternate beneficiary for your estate.

### Example designation:

Primary beneficiary #1		If surviving; 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  <i>50 %</i>
	<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  <i>30 %</i>
	<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  <i>20 %</i>
	<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	

Primary beneficiary #2		If surviving; 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  <i>50 %</i>
	<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  <i>25 %</i>
	<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  <i>25 %</i>
	<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)



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 – <https://oregon.gov/pers>



## Oregon Public Service Retirement Plan (OPSRP) Pension 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
Date of birth (mm/dd/yyyy)			
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 (Select one box)

- ☐ 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 I**, 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 I**, 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: 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 am selecting a survivorship option (#2 - #5 in Section G) and am submitting my beneficiary's verification of age to PERS.

\*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.

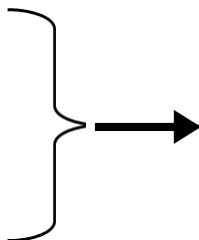
In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling toll free 888-320-7377 or TTY 503-603-7766.

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



<p align="center"><b>All members should name an OPSRP beneficiary in Section H below.</b></p> <p>The Section H beneficiary designation becomes effective on your retirement date.</p> <p align="center">You may only name one person.</p> <p>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.</p>
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**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: Member declaration and Spousal consent – (Required)**

<p align="center"><b>When notarization is required, do not complete any portion of this section until you are with the notary.</b></p>			
<p><b>Member declaration of marital status (Required)</b></p> <p><input type="checkbox"/> As of my effective retirement date, <b>I am married.</b></p> <p><input type="checkbox"/> As of my effective retirement date, <b>I am single.</b></p> <p>Your <b>signature is required</b> below. It acknowledges:</p> <ul style="list-style-type: none"> <li>Your marital status above,</li> <li>Your request for benefit distribution per application selections,</li> <li>Your beneficiary designation for OPSRP in Section H and for your IAP in Section L,</li> <li>Receipt and review of the <a href="#">Federal Tax Information Disclosure</a> for rollover eligible distributions, and</li> <li><a href="#">Retiree's limitations of working for a PERS-participating employer.</a></li> </ul>		<p><b>Spousal consent signature (Required if married)</b></p> <p><b>I consent</b> to the OPSRP pension option, OPSRP beneficiary, and IAP beneficiary my spouse selected.</p> <p>Your consent signature is required. It <b><u>must be notarized</u></b> if the member:</p> <ul style="list-style-type: none"> <li>Selects the OPSRP Single Life Option in Section G,</li> <li>Names anyone other than you as OPSRP beneficiary in Section H, or</li> <li>Names anyone other than you as a primary IAP beneficiary in Section L.</li> </ul> <p>If notarization is required, your signature date and the notary's signature date must be the same date.</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 J: IAP distribution election (Required)

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

## Section K: IAP distribution payment

**This Section is not for all members**

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

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



\*IAP rollover checks will be mailed to you with the financial institution as the payee, except those payable to OSGP. OSGP checks will be mailed directly to VOYA as OSGP's authorized record keeper.

First name (required)	MI	Last name (required)	Social Security number (required)
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## Section L: IAP beneficiary designation

This designation becomes effective upon your effective retirement date. Please include as much information as possible. This information will assist in locating your beneficiary(ies).

Primary beneficiary #1		If surviving; 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	

Primary beneficiary #2		If surviving; 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 the time of my death.