

**MARYLAND STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-6700**

**JUDGES' RETIREMENT SYSTEM
APPLICATION FOR SERVICE RETIREMENT**

FOR RETIREMENT USE ONLY

FORM 16 (REV. 8/15)

APPLICANT'S SOCIAL SECURITY NUMBER --
 GENDER M or F
 DATE OF BIRTH --
 Month Day Year

APPLICANT'S NAME
 First Initial Last

HOME ADDRESS
 Number and Street

City State Zip Code -

Home email address: _____

I request that my retirement allowance be effective on: --
 Month Day Year

Last judicial position held: _____ Home telephone number: _____

BASIC ALLOWANCE (SEE PAGE 2 FOR OPTIONAL ALLOWANCES)

In accordance with the provisions of the State Personnel and Pension Article, §27-402. I elect to receive a pension from the Judges' Retirement System. I understand that I shall receive the retirement allowance provided by law for my lifetime. At my death, my surviving spouse shall receive one-half of the monthly benefit for his or her lifetime. If there is no surviving spouse at time of my death, my children under the age of 18 shall receive the retirement allowance that would have been paid to a surviving spouse (If more than one child, retirement allowance is divided equally). If there is no surviving spouse or children under age 18 at my death, the allowance ceases and my estate will receive one monthly payment if my death occurs on the 16th of the month or later. If I marry or remarry following retirement, my new spouse becomes eligible for the continuing monthly benefit provided under the basic allowance.

SPOUSE'S NAME

 First Initial Last

SPOUSE'S SOCIAL SECURITY NUMBER --
GENDER M or F
DATE OF BIRTH --
 Month Day Year

CHILDREN UNDER AGE 18: _____
DATE OF BIRTH --
 Month Day Year
GENDER M or F

CHILDREN UNDER AGE 18: _____
DATE OF BIRTH --
 Month Day Year
GENDER M or F

Signature _____ Date _____
 This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore)
 On this _____ day of _____, 20 _____, before me, the undersigned
 officer, personally appeared _____, known to me
NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *
 (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
 Signature of Notary Public _____
 Printed Name of Notary Public _____ My Commission Expires _____
 * IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

Official Seal must be affixed

RETIREMENT ALLOWANCE OPTIONS

Optional Allowance - Reduced Benefit

Complete this section only if (1) you do not have a spouse or children under age 18 and (2) you elect not to accept the basic retirement allowance. You may designate one beneficiary to receive an allowance under Option 2, 3, 4, 5, or 6. You may designate one or more beneficiaries to receive the Option 1 retirement allowance in equal shares. Selection of an optional retirement allowance provides a reduced benefit for you for your lifetime. Please note that your choice of option and beneficiary/ies is irrevocable. Indicate your selection by signing the appropriate box below. If you elected an optional allowance, you also must complete FORM #4.1, Designation of Beneficiary, Judges Retirement System.

OPTION 1:

Guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement, based on life expectancy statistics. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive

SIGNATURE _____

OPTION 2:

Guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____

OPTION 3:

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____

OPTION 4:

Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest the remainder will be paid in a lump sum to your designated beneficiary who remains alive.

SIGNATURE _____

OPTION 5:

Guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the death of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____

OPTION 6:

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____