## **MARYLAND STATE RETIREMENT AGENCY** 120 EAST BALTIMORE STREET

## **BALTIMORE, MARYLAND 21202-6700**

|  | RETIREMENT   |  |  |  |
|--|--|--|--|--|
| •  | USE ONLY FORM 129 (REV. 1/25)  |  |  |  |
| APPLICANT'S SOCIAL SECURITY NUMBER HOME PHONE NUMBER   | GENDER DATE OF BIRTH  (M or F) Month Day Year  |  |  |  |
| APPLICANT'S NAME  First Initial Last  HOME ADDRESS   |  |  |  |  |
|  |  |  |  |  |
| Number and Street  |  |  |  |  |
| City   | State Zip Code   |  |  |  |
| Purpose. The purpose of filing a Preliminary Application for Disability Retirement (Form 129) is to protect the benefit payable to the beneficiary, designated below in Option 2, if I am granted a disability retirement allowance but die during the Applicable Period (as defined below). If I die after the expiration of the Applicable Period, this application shall have no force and effect and no benefits shall be payable under this application. "Applicable Period," for the purposes of this form, means the period that begins on the date that I submit a completed Preliminary Application for Disability Retirement (Form 129) to the Maryland State Retirement Agency and that ends on the first to occur of the following: (1) the date the applicant submits a completed Application for Disability Retirement (Form 13-23) or (2) the date required for submitting an Application for Disability Retirement (Form 13-23) under COMAR 22.06.05.0304.  Application. By filing this Preliminary Application for Disability Retirement (Form 129) with the Maryland State Retirement Agency, I hereby apply for and accept a disability retirement allowance. I understand that a disability retirement benefit is payable under this Preliminary Application only if, during the Applicable Period, the Board of Trustees grants me a disability retirement allowance and I die before filing an Application for Disability Retirement (Form 13-23).  Effective Date. The effective date of my disability retirement shall be as provided in COMAR 22.06.05.06.  Selection of Allowance. Instead of the basic allowance, I hereby elect to receive a reduced allowance to be paid as one of the following options. Place an "X" next to the payment Option you choose - (1) or (2)  Option 1 - Lump Sum: I elect to have the Option 1 allowance under which the present value of my retirement benefit is paid at my death in a lump sum to the most recent designation of beneficiary(ies) on file with the Maryland State Retirement Agency. The beneficiary |  |  |  |  |
| Designation can be changed by completing a Designation of Beneficial  Option 2 - Survivor Annuity:  I elect to have the Option 2 allowance under which 100% of the allow listed below for his or her lifetime. Only one beneficiary can be design beneficiary under Option 2 who is more than 10 years younger unchild.  Complete only if you selected Option 2:  Beneficiary's Name:  Beneficiary's Mare:  Gender (circle): M F Relationship If selecting Spouse, please indicate state/jurisdiction where marriage Date of marriage:  I understand my beneficiary is required.   | vance payable to me shall be paid to the beneficiary nated under Option 2. You cannot designate a unless the beneficiary is your spouse or disabled address: |  |  |  |
| Effect of Pursuing Other Claims. I understand that if I die after having been  |  |  |  |  |
| suing a claim for an accidental disability allowance, the claim shall terminate a disability retirement allowance, according to the optional form of allowance sel   | nd survivor benefits shall be payable for the ordinary   |  |  |  |
| If Power of Attorney signs, copy of Power of Attorney r  | must accompany this application.   |  |  |  |
| Applicant's Signature or Signature of Power of Attorney:   | Date:  |  |  |  |
| This form must be signed and properly notarized to be valid. The below (Notary Public, Clerk of the Court, etc.)   | section must be completed by a Notarial Officer  |  |  |  |

| Applicant's Signature or        |       |
|---------------------------------|-------|
| Signature of Power of Attorney: | Date: |
|                                 |       |

| State of                        | , County of                         | (or City of Baltimore)  |             |
|---------------------------------|-------------------------------------|---|-------------|
| ( )                             | This form was acknowledge           | ed before me on the day of  | , 20        |
| Official stamp                  | By                                  |   |             |
| must be affixed                 | Name of individua                   | I whose signature is being acknowledged*  |             |
|                                 | Signature of Notarial Office        | er  |             |
| Title of office (Notary Public, | Clerk of the Court, etc.)           | My commission ex  | pires       |
| ☐ Check here if this notarial   | act involved a remotely located inc | dividual and the use of communication ed is not filled in, this form will be invalid and ha | technology. |

Retirement Coordinator Signature: Date Retirement Coordinator Printed Name: Agency