Legislative Pension Plan Application for Retirement

APPLICANT'S SOCIAL SECURITY NO. 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

Home Telephone Number Home Email Address

RETIREMENT DATE: Month 0 1 Day Year

► ► ► Please select one of the following payment options ◄ ◄ ◄

☐ Basic Allowance (50% Survivor Option): Provides the maximum lifetime monthly benefit to you and, upon your death, continues to pay one-half of that monthly benefit to your spouse or designated beneficiary for the remainder of his or her life.

☐ Optional Allowance (100% Survivor Option): Provides a reduced lifetime monthly benefit to you and, upon your death, continues to pay the same monthly benefit to your spouse or designated beneficiary for the remainder of his or her life.

SOCIAL SECURITY NUMBER GENDER RELATIONSHIP DATE OF BIRTH

M or F Month Day Year

NAME OF SPOUSE OR DESIGNATED BENEFICIARY

First Initial Last

ADDRESS

Number and Street

City State ZIP Code

Home Telephone Number Home Email Address

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

1. REGARDING PAYMENT OF MY RETIREMENT BENEFIT, I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
2. REGARDING EACH OF MY BENEFICIARIES, I want the designation of beneficiary in this application to take effect (check only one box): ☐ Immediately ☐ Only upon the effective date of my retirement
   I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
3. REGARDING DEDUCTIONS FROM MY ALLOWANCE, if I elect to have any insurance premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

Signature _____ Date _____

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

Sign in the Presence of a Notarial Officer (Notary Public, Clerk of the Court, etc.)

State of _____, County of _____ (or City of Baltimore)

This form was acknowledged before me on the _____ day of _____, 20___,

{ Official stamp must be affixed }

By _____.

Name of individual whose signature is being acknowledged*

Signature of Notarial Officer _____

Title of office (*Notary Public, Clerk of the Court, etc.*) _____ My commission expires _____

☐ Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.