APPLICATION FOR RETIREMENT BENEFITS
PART I

State Form 23226 (R18 / 1-08)
Approved by State Board of Accounts, 2008

Indiana State Teachers' Retirement Fund
150 West Market St., Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Website: www.in.gov/trf

PRIVACY NOTICE

Your Social Security Number is being requested pursuant to IRS Code 3405. Disclosure is mandatory and this document cannot be processed without it.

ALL PAGES OF THIS APPLICATION MUST BE SUBMITTED

MEMBER INFORMATION

Last name	**First name**	**MI**	**TRF number**

Social Security number	**Date of birth**	**Telephone number** ( ) -	**Email address**

Current street address	**City**	**State**	**ZIP code**

If moving, future address & future telephone number	**Anticipated move date**

From what School Corporation/State Facility are you retiring?	**What is your last day of service?**	**Date of delayed retirement** (*only complete if you are not age eligible on your last service day*)

Are you applying for <u>regular</u> retirement (most common)? Age 65 with 10 or more years of creditable service, age 60 with 15 or more years of creditable service or age 55 if age and creditable service total a minimum of 85 (Rule of 85).	**Yes**	**No**
Are you applying for <u>early</u> retirement? Age 50-59 and a minimum 15 years of creditable service and do not meet the Rule of 85.	**Yes**	**No**
Is this a <u>disability</u> retirement? Members with 5 or more years of creditable service, who become disabled as determined by the Social Security Administration, while teaching in Indiana.	**Yes**	**No**
Are you age 70 or over and still teaching? If yes, what would you like to use as your retirement date? _____	**Yes**	**No**
Have you ever been employed in a position covered by Public Employees' Retirement Fund (PERF)? If yes, please indicate the years and location of PERF Service. Dates employed_____ Location _____	**Yes**	**No**

ELECTION OF PENSION BENEFIT

Choose one option below by placing an "X" in the appropriate box. Generally, your selection is irrevocable and cannot be changed after the first day of the month in which benefits begin.

☐	**A-1** **5-Year Certain & Life** **(Regular form of Retirement)**	Lifetime benefit to the member. In the event the member dies before receiving 5 years of payments, the beneficiary will receive the remainder of the 5 years of guaranteed payments. **Members selecting this option may designate beneficiary selections below.**
☐	**A-2** **Straight Life**	Lifetime benefit to the member. A minimum amount provision insures an amount equal to the Annuity Savings Account (ASA) balance at time of retirement will be paid either to the member or beneficiary. **Members selecting this option may designate beneficiary selections below.**
☐	**A-3** **Modified Cash Refund** **+ 5-Year Certain & Life**	Lifetime benefit to the member. In the event the member dies before receiving 5 years of payments, the beneficiary will receive the remainder of the 5 years of guaranteed pension payments. The Annuity Savings Account (ASA) is reduced with each monthly benefit paid; if the member dies before reducing this balance to $0.00, the beneficiary will receive a single payment of the amount remaining. This pension option is only available with the ASA 1 or ASA 7. **Members selecting this option may designate beneficiary selections below.**
☐	**B-1** **100% Co-Survivor Benefit**	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified co-survivor will receive 100% of the member's monthly benefit for the remainder of co-survivor's life. For an explanation of a qualified co-survivor, see the general directions. **Members selecting this option must designate a co-survivor below.**
☐	**B-2** **66-2/3% Co-Survivor Benefit**	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified co-survivor will receive 66-2/3% of the member's monthly benefit for the remainder of co-survivor's life. For an explanation of a qualified co-survivor, see the general directions. **Members selecting this option must designate a co-survivor below.**
☐	**B-3** **50% Co-Survivor Benefit**	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified co-survivor will receive 50% of the member's monthly benefit for the remainder of co-survivor's life. **Members selecting this option must designate a co-survivor below.**

For A-1, A-2, or A-3 only

Full name of beneficiary	Social Security number	Date of birth	Relationship	Primary ☐ Secondary ☐
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary ☐** **Secondary ☐**
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary ☐** **Secondary ☐**

For B-1, B-2, or B-3 only

Full name of co-survivor	Social Security number	Date of birth	Relationship

In addition to your pension selection, choose one designation below by placing an "X" in the appropriate box.

Social Security Integration ☐ Yes ☐ No ☐ N/A	Members retiring between the ages of 50 and 62 may integrate TRF benefits with the member's Social Security benefits. TRF pays a larger monthly benefit payment before age 62. However, benefit payments may be greatly reduced or terminated at age 62, depending on the member's estimated monthly Social Security disbursement. This selection will NOT affect the amount of your benefit received from Social Security. **If yes, you must submit a copy of your most recent Social Security statement.**

ELECTION OF ANNUITY SAVINGS ACCOUNT (ASA)

Choose one option below by placing an "X" in the appropriate box. Generally, your selection is irrevocable and cannot be changed after the first day of the month in which benefits begin.

☐	**ASA 1**	I elect to receive the total amount of my ASA paid as a monthly benefit. I understand I will not receive any distribution other than this monthly amount. By choosing this alternative, I will combine the monthly pension with my ASA. This will allow me to receive a higher monthly benefit payment.
☐	**ASA 2**	I elect to have the total amount of my ASA (less mandatory Federal Income Tax Withholding) paid directly to me.
☐	**ASA 3**	I elect to have ALL of the taxable portion of my ASA paid in the form of a Direct Rollover to an IRA or qualified Retirement Plan. I elect to receive a distribution paid directly to me of an amount equal to my tax basis (after-tax contribution) in my ASA balance as it existed on December 31, 1986. **You must indicate your IRA or Qualified Plan information below.**
☐	**ASA 4**	I elect to have PART of the taxable portion of my ASA paid in the form of a Direct Rollover to an IRA or a Qualified Retirement Plan. I elect to receive a distribution paid directly to me of an amount equal to my tax basis (after-tax contribution) in my ASA balance as it existed on December 31, 1986. Additionally, the part of the taxable portion of the distribution not directly rolled over (less mandatory Federal Income Tax Withholding) will be paid directly to me. **You must indicate your IRA or Qualified Plan information below.** **Partial Rollover amount (Minimum $500)** $.
☐	**ASA 5**	I elect to defer distribution of my ASA until a later date. My account will continue to be invested with TRF under the same guidelines applicable to an ASA. I understand I may change the allocation strategy of my ASA quarterly. **You must designate a beneficiary below.**
☐	**ASA 6**	I elect to receive a distribution of an amount equal to my tax basis (after-tax contribution) in my ASA balance as it existed on December 31, 1986 and defer distribution of the remainder of my ASA until a later date. My account will continue to be invested with TRF under the same guidelines applicable to an ASA. I understand changes to the allocation strategy of my ASA may be made quarterly. **You must designate a beneficiary below.**
☐	**ASA 7**	I elect to receive a distribution of an amount equal to my tax basis (after-tax contribution) in my ASA balance as it existed on December 31, 1986. The remainder of my ASA will be paid as a monthly benefit. By choosing this option, I will combine the monthly pension with the remainder of my ASA so I may receive a higher monthly benefit payment.

For ASA 3 or ASA 4 only

Individual Retirement Account or Qualified Retirement Plan account information

I acknowledge the designated plan is an IRA or Qualified Retirement Plan with provisions allowing it to accept direct rollovers on my behalf. TRF should make the direct rollover check payable to:

_____ as trustee of _____

Name of IRA company — Member's name

For ASA 5 or ASA 6 only

Full name of beneficiary	Social Security number	Date of birth	Relationship	Primary ☐ Secondary ☐
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary ☐ Secondary ☐**
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary ☐ Secondary ☐**

ELECTION OF ROLLOVER ACCOUNT

☐ **I have not created a Rollover Account by rolling funds into TRF.**

Choose **one** option below by placing an "X" in the appropriate box. Generally, your selection is irrevocable and cannot be changed after the first day of the month in which benefits begin. A Rollover Account is created by rolling funds from an IRA, 457(b) Deferred Compensation Plan, a 403(b) Annuity or another Qualified Retirement Plan into TRF.

☐	**Rollover 1**	I elect to receive the total of my Rollover Account as a monthly benefit. I understand I will not receive any distribution from my Rollover Account other than this monthly amount. By choosing this option, I will combine the monthly pension with my Rollover Account to receive a higher monthly benefit payment.
☐	**Rollover 2**	I elect to have the total amount of my Rollover Account (less mandatory Federal Income Tax Withholding) paid directly to me.
☐	**Rollover 3**	I elect to have my Rollover Account paid in the form of a direct rollover to an IRA or a Qualified Retirement Plan. **You must complete your IRA or Qualified Plan information below.**
☐	**Rollover 4**	I elect to have PART of my Rollover Account paid in the form of a direct rollover to an IRA or Qualified Retirement Plan. Also, the part of the taxable portion of the distribution not directly rolled over (less mandatory Federal Income Tax Withholding) will be paid directly to me. **You must complete your IRA or Qualified Plan information below.** **Partial Rollover Amount (Minimum $500)** $.
☐	**Rollover 5**	I elect to defer distribution of my Rollover Account until a later date. My account will continue to be invested with TRF under the same guidelines applicable to a Rollover Account. I understand I may change the allocation strategy of the Rollover Account quarterly. Distribution **must** begin no later than the calendar year in which you reach age 70-½. **You must designate beneficiary below.**

For Rollover 3 & Rollover 4 only

Individual Retirement Account or Qualified Retirement Plan account information

I acknowledge the designated plan is an IRA or Qualified Retirement Plan with provisions allowing it to accept direct rollovers on my behalf. TRF should make the direct rollover check payable to:

_____ as trustee of _____

Name of IRA company — Member's name

For Rollover 5 only

Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary** ☐ **Secondary** ☐
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary** ☐ **Secondary** ☐
Full name of beneficiary	**Social Security number**	**Date of birth**	**Relationship**	**Primary** ☐ **Secondary** ☐

** RE-EMPLOYMENT NOTICE **

If you have not reached the Social Security normal retirement age and you return to work in a position covered by PERF, Indiana pension law requires that your TRF pension benefit be suspended for the remainder of the fiscal year once you have earned $35,000 of compensation whether or not the compensation is actually paid in that fiscal year. Should you reemploy in a position covered by PERF, you must notify TRF of your reemployment.
Note: If you reemploy in a TRF or PERF covered position within 90 days of your retirement date, your retirement benefits will stop and your retirement will be void. Any benefits distributed must be repaid to TRF.

AFFIRMATION

I affirm I am the above named applicant. I have personally prepared this application and carefully read and understand the questions and answers. All information is complete and true and no material fact has been concealed or omitted therefrom and said answers are made for presentation to the Board of Trustees of the Indiana State Teachers' Retirement Fund in making claim for a retirement benefit to be made payable to me pursuant to Indiana Code, section 5-10.2 and section 5-10.4.

Printed name of member	Signature of member	Date

NOTARY CERTIFICATION

State of _____

SS:

County of _____

Before me the undersigned, a Notary Public for_____ County,
Officer's county of residence

State of _____, personally appeared _____
Name of person

And they, being first duly sworn by me upon their oath, say that the facts alleged in the foregoing instrument are true.

Signed and sealed this _____ day of _____, 200__.

(Signature) _____

_____
Printed or typed name of officer

My commission expires:_____

(SEAL)