

RMD

Required Minimum
Distribution



APPLICATION FOR RETIREMENT BENEFITS

State Form 23226 (R22 / 1-13)

Approved by State Board of Accounts, 2013

INDIANA PUBLIC RETIREMENT SYSTEM

One North Capitol Avenue, Suite 001
Indianapolis, IN 46204-2014

Telephone: (888) 286-3544 (Toll-free)

Fax: 1-866-591-9441

E-mail: questions@inprs.in.gov

Web site: www.inprs.in.gov

*Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

GENERAL INFORMATION

All pages of this form must be completed and submitted for processing. The Retirement Application may be completed online through TRF Interactive available on the INPRS Web site located at www.inprs.in.gov.

The General Directions referred to in sections of this form are available in the complete Retirement Application package available on the INPRS Web site or by contacting Customer Service, Toll-free at (888) 286-3544, Monday – Friday, 8 a.m. – 8 p.m. EST. The agency is closed on weekends and holidays, including all State-designated holidays. The list of current year state holidays is available online at www.in.gov/spd/2555.htm.

MEMBER INFORMATION

Member's name		Social Security number*		Pension ID (PID) number	
Date of birth (mm/dd/yyyy)		Telephone number with area code		E-mail address	
Address (number and street)			City	State	ZIP Code
If moving, future address (number and street)			City	State	ZIP Code
Future telephone number with area code			Anticipated move date (mm/dd/yyyy)		
Most recent TRF employer		Last day of service (mm/dd/yyyy)		Retirement date (mm/dd/yyyy)	
Earliest Possible Retirement Date? I choose as my retirement effective date the earliest possible date on which I qualified for retirement benefits. <i>I understand, pursuant to IC 5-10.2-4-1(d)(3), my retirement date may not be more than six months before this Retirement Application is received by TRF.</i> By selecting this option, I further understand and agree that INPRS shall determine, on my behalf, my earliest possible retirement date.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for regular retirement? You must be age 65 with 10 or more years of creditable service, age 60 with 15 or more years of creditable service, or at least age 55 when age and creditable service total a minimum of 85 (Rule of 85).					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you applying for early retirement? You must be between the ages 50-59 with a minimum 15 years of creditable service but do not meet the eligibility requirements for Normal Retirement.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a disability retirement? Available to members with 5 or more years of creditable service who become disabled as determined by the Social Security Administration while an active member of TRF.					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you age 70 or older? If you are age 70 or older with at least 20 years of covered service, you may elect to continue teaching while receiving retirement benefits. If you make this election, Annuity Savings Account (ASA) contributions may be made, but no additional service credit or supplemental pension is earned. Your benefit will not increase even if you continue to work. Do you wish to make this election? If Yes , what would you like to use as your retirement date? (mm/dd/yyyy) _____					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed in a position covered by Public Employees' Retirement Fund (PERF)? If yes, Dates employed _____ Name of employer _____					<input type="checkbox"/> Yes <input type="checkbox"/> No

Member's name	Social Security number*	Pension ID (PID) number
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Individuals with service in both the Teachers' Retirement Fund (TRF) and PERF have the choice of fund from which to retire; however, **you may choose only one**. By submitting this application, you are choosing to retire from TRF. If you would like to retire from PERF, you may obtain an application from the PERF Web site located at www.inprs.in.gov or by contacting PERF Customer Service at (888) 526-1687, Monday – Friday, 8 a.m. – 8 p.m. EST. The agency is closed on weekends and holidays, including all State-designated holidays.

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 after your first benefit distribution is scheduled to begin unless a statutory exception exists. Complete the WH-4P and W-4P income tax withholding forms watermarked *For Pension Only*.

<input type="checkbox"/> A-1 5-Year Certain and 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 should designate beneficiary selections below.
<input type="checkbox"/> A-2 Straight Life	Lifetime benefit to the member. Should you choose either the ASA 1 or ASA 7 option (<i>see next page</i>), the A-2 comes with a minimum amount provision that insures the member or beneficiary will receive a benefit at least equal to the ASA balance at the time of retirement. For details about this minimum amount provision, see the General Directions. Members selecting this option should designate beneficiary selections below.
<input type="checkbox"/> A-3 Modified Cash Refund Plus 5-Year Certain and 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 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 should designate beneficiary selections below.
<input type="checkbox"/> B-1 100% Survivor Benefit	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified survivor will receive 100% of the member's monthly benefit for the remainder of the survivor's life. For an explanation of a qualified survivor, see the General Directions. Members selecting this option MUST designate a survivor below.
<input type="checkbox"/> B-2 66-2/3% Survivor Benefit	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified survivor will receive 66-2/3% of the member's monthly benefit for the remainder of the survivor's life. For an explanation of a qualified survivor, see the General Directions. Members selecting this option MUST designate a survivor below.
<input type="checkbox"/> B-3 50% Survivor Benefit	Lifetime benefit to the member. Guarantees upon the death of a member, the designated, qualified survivor will receive 50% of the member's monthly benefit for the remainder of the survivor's life. For an explanation of a qualified survivor see the General Directions. Members selecting this option MUST designate a survivor below.

For A-1, A-2, or A-3 only: Designate at least one primary beneficiary

Full name of beneficiary	Social Security number (Last 4-Digits)	Date of birth (mm/dd/yyyy)	Relationship	Designation
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent

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

Full name of survivor	Social Security number	Date of birth (mm/dd/yyyy)	Relationship

In addition to your pension selection, select ONE choice below by checking the appropriate box.

Member's name	Social Security number*	Pension ID (PID) number
Social Security Integration <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Members retiring between the ages of 50 and 62 may integrate TRF benefits with 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. As TRF does not work in conjunction with Social Security, this selection will not affect the amount of your benefit received from Social Security and your TRF benefit will reduce at age 62 whether or not you apply for Social Security Benefits at that time. If you check Yes, you MUST provide proof of the amount of your SSA monthly benefit.	

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 benefit payments are scheduled to begin.

<input type="checkbox"/> ASA 1	I elect to receive the total amount of my ASA paid as a monthly benefit. By choosing this alternative, I will combine the monthly pension with my ASA. This will allow me to receive a higher monthly benefit payment. A minimum amount provision insures an amount equal to the ASA balance at the time of retirement will be paid either to the member or beneficiary. For more details about this minimum amount provision, see the General Directions. If you do not want your assets to default to your estate in the event that you and your beneficiary pass before the minimum amount provision is fulfilled, you must make a designation below.		
<input type="checkbox"/> ASA 2	I elect to have the total amount of my ASA (less mandatory federal income tax withholding) paid directly to me. Complete the WH-4P and the W-4P income tax withholding forms watermarked <i>For ASA 2 or ASA 4 Only</i> .		
<input type="checkbox"/> 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 Retirement Plan information below.		
<input type="checkbox"/> 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 the IRA or Qualified Retirement Plan information below. Complete the WH-4P and the W-4P income tax withholding forms watermarked <i>For ASA 2 or ASA 4 Only</i> . <div style="text-align: right;"> <table border="1" style="display: inline-table;"> <tr> <td style="width: 150px;">Partial rollover amount:</td> <td style="width: 100px;">%</td> </tr> </table> </div>	Partial rollover amount:	%
Partial rollover amount:	%		
<input type="checkbox"/> 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 daily. If you do not want your assets in this account paid to your estate at your death, you MUST designate a beneficiary below.		
<input type="checkbox"/> 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 I may change the allocation strategy of my ASA daily. If you do not want your assets in this account paid to your estate at your death, you MUST designate a beneficiary below.		
<input type="checkbox"/> 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. A minimum amount provision insures an amount equal to the ASA balance at the time of retirement will be paid either to the member or beneficiary. For more details about this minimum amount provision, see the General Directions. If you do not want your assets to default to your estate in the event that you and your beneficiary pass before the minimum amount provision is fulfilled, you must make a designation below.		

For ASA 1, ASA 7, or B Pension Option selection only

MINIMUM AMOUNT PROVISION

In the event that I, the member, and my survivor both pass away before the minimum amount provision is fulfilled, I hereby direct any remaining monies to be paid to the individual(s) below. I understand that if this section is not completed, my assets will default to my estate.

Member's name		Social Security number*		Pension ID (PID) number	
Full name of beneficiary	Social Security number (Last 4 digits)	Date of birth (mm/dd/yyyy)	Relationship	Designation	Percent Benefit
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

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 the following:						
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Name of plan</td> <td style="width: 50%; text-align: center;">Name of member</td> </tr> <tr> <td colspan="2" style="text-align: center;">as trustee of</td> </tr> <tr> <td colspan="2" style="text-align: center;">as trustee of</td> </tr> </table>	Name of plan	Name of member	as trustee of		as trustee of	
Name of plan	Name of member					
as trustee of						
as trustee of						

For ASA 5 or ASA 6 only: Designate at least one primary beneficiary

Full name of beneficiary	Social Security number (Last 4 Digits)	Date of birth (mm/dd/yyyy)	Relationship	Designation	Percent Benefit
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

A Primary beneficiary will receive all benefits due upon the member's death. Multiple surviving Primary beneficiaries will receive shares of the benefits due upon the member's death based on the percentages indicated on this form. If no percentages have been supplied for the primary beneficiaries, the beneficiaries will receive equal shares of the benefits. A Contingent beneficiary will receive all benefits upon the member's death only if all designated Primary beneficiaries predecease the member. Multiple Contingent beneficiaries will receive shares provided all designated Primary beneficiaries predecease the member based on the percentages indicated on this form. If no percentages have been supplied for the contingent beneficiaries and there are no surviving primary beneficiaries, the contingent beneficiaries will receive equal shares of the benefits.

TRAILING CONTRIBUTIONS ELECTION

In some cases additional contributions may be received by TRF from your employer after your Retirement Application is processed. These **trailing contributions** are typically not more than \$500.00. Please check one of the following options, should TRF receive trailing contributions for your account.

- I elect to have the trailing contributions paid to me in a lump sum.
- I elect to have the trailing contributions rolled over to my IRA or other Qualified Retirement Plan with _____
Name of plan
- I elected a monthly annuity (ASA 1 or ASA 7) and elect to have the trailing contributions annuitized into my monthly benefit. For example, a trailing contribution of \$1,000 would result in an estimated monthly payment increase to a 60-year old retiree of approximately \$6.
- I originally elected to defer my ASA (ASA 5 or ASA 6) and will defer any trailing contributions.

Member's name	Social Security number*	Pension ID (PID) number
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ELECTION OF ROLLOVER SAVINGS ACCOUNT (RSA)

I have not created an RSA by rolling funds into TRF.

INTENT TO SET UP A ROLLOVER SAVINGS ACCOUNT

I intend to create an RSA and will be transferring money from the following institution:

Name of plan	Rollover Amount	Name of Plan	Rollover Amount
	\$		\$

ROLLOVER SAVINGS ACCOUNT ELECTION

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. An RSA is created by rolling funds from an IRA, 457(b) Deferred Compensation Plan, a 403(b) Annuity, or another Qualified Retirement Plan into TRF.

<input type="checkbox"/> RSA 1	I elect to receive the total of my RSA as a monthly benefit. I understand I will not receive any distribution from my RSA other than this monthly amount. By choosing this option, I will combine the monthly pension with my RSA to receive a higher monthly benefit payment.		
<input type="checkbox"/> RSA 2	I elect to have the total amount of my RSA (less mandatory federal income tax withholding) paid directly to me.		
<input type="checkbox"/> RSA 3	I elect to have my RSA paid in the form of a direct rollover to an IRA or a Qualified Retirement Plan. You MUST complete your IRA or Qualified Retirement Plan information below.		
<input type="checkbox"/> RSA 4	I elect to have part of my RSA 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 indicate the IRA or Qualified Retirement Plan information below.		
	Partial rollover amount: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td align="center">%</td></tr></table>		%
	%		
<input type="checkbox"/> RSA 5	I elect to defer distribution of my RSA until a later date. My account will continue to be invested with TRF under the same guidelines applicable to a RSA. I understand I may change the allocation strategy of my RSA daily. Distribution must begin no later than the calendar year in which you reach age 70-½. If you do not want your assets in this account paid to your estate at your death, you MUST designate a beneficiary below.		

For RSA 3 or RSA 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 the following:

Name of plan	Name of member
	as trustee of
	as trustee of

For RSA 5 only

Full name of beneficiary	Social Security number	Date of birth (mm/dd/yyyy)	Relationship	Designation	Percent Benefit
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%
				<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	%

A Primary beneficiary will receive all benefits due upon the member's death. Multiple surviving Primary beneficiaries will receive shares of the benefits due upon the member's death based on the percentages indicated on this form. If no percentages have been supplied for the primary beneficiaries, the beneficiaries will receive equal shares of the benefits.

A Contingent beneficiary will receive all benefits upon the member's death only if all designated Primary beneficiaries predecease the member. Multiple Contingent beneficiaries will receive shares provided all designated Primary beneficiaries predecease the member based on the percentages indicated on this form. If no percentages have been supplied for the contingent beneficiaries and there are no surviving primary beneficiaries, the contingent beneficiaries will receive equal shares of the benefits.

