Retirement Application Checklist

Effective Retirement Date (must be the 1 st of month) page 1 page 3
Proof of Birth for Participant (see <u>Acceptable proof of birth document</u> form)
Proof of Birth for Beneficiary If electing Option B, C, or D (see <u>Acceptable proof of birth document</u> form)
Participant's Initials next to Benefit Payment Option Election on Page 2 Section 2
Percentage required if electing option B or C
Period payment required if electing option D
Social Security Number: Participant Beneficiary (if applicable)
Employment Dates, date of hire, and termination date, on Page 3 Section 4.
Leave of absence report form for leave time (i.e. FMLA, Worker's comp, etc.) is required.
Earnings (Page 3 Section 5) must equal the 3 or 5 highest consecutive years of earnings (36 or 60 Months or as defined in your plan)
12 Month average earnings prior to termination for Disability retirement ONLY (If applicable in Your plan)
Social Security Award if electing a Disability Retirement (if applicable)
Participant's signature and date on page(s) 1 3 4
Signature of named Pension Committee Secretary (Page 4 of 5)
Signature on Direct Deposit form / Voided Check (if applicable)
Federal and State tax forms (if applicable)
Affidavit Verifying Lawful Presence in the United States (SAVE Affidavit)

<u>PLEASE NOTE:</u> Completed applications must be in our office no later than the fifth (5th) of each month in order for payment to be made the first of the next month. If you should have any questions please contact Tamika Scott at 678-686-6262.