

Application for Retirement Benefits

Please complete all pages of this form.

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■ Part A – Member Information

1. Social Security Number: _____ - _____ - _____
2. Name (First, MI, Last): _____
3. Retiring From: KPERS KP&F Judges
4. Selected Retirement Date: ____/____/____
5. Telephone Number: (____) _____
6. Mailing Address: _____
City, State, Zip: _____
7. E-mail Address: _____

Important: The Retirement System must have this application before the retirement date you selected. You are also required to submit proof of age and all name changes. Please see “Acceptable Proof of Birth and Name Change” at the beginning of this booklet for details. To retain your retirement date, you may submit this application without the required documentation. However, you must provide the documentation before the Retirement System can begin monthly benefit payments.

■ **Part B – Retirement Benefit Options** – Please review the separate publication *Retirement Options* for details about each option. Select one of the seven monthly payment options. Mark the box corresponding to the retirement option of your choice, then complete any additional areas indicated. Kansas law does not allow you to change this option after your retirement date.

Maximum Monthly Benefit Option

1. Maximum Monthly Benefit (with no survivor benefit)

Joint-Survivor Options

2. 50% Joint-Survivor Benefit
3. 75% Joint-Survivor Benefit
4. 100% Joint-Survivor Benefit

If you chose a joint-survivor option, complete all information for your joint annuitant below. You must provide proof of age and all name changes for your joint annuitant. Your joint annuitant cannot be changed later.

- a. Name (First, MI, Last): _____
- b. Social Security Number: _____ - _____ - _____
- c. Date of Birth: ____/____/____
- d. Male Female

Life-Certain Options

5. 5-Year Life-Certain Option
6. 10-Year Life-Certain Option
7. 15-Year Life-Certain Option

If you chose a life-certain option, you must submit a Designation of Beneficiary – Retired form (KPERS-7/99R). The form is included in this booklet. You can change beneficiaries at any time by completing a new form.

■ **Part C – Partial Lump-Sum Option (PLSO)** – You must indicate whether you are electing the PLSO. Choosing this option means you will receive a single lump-sum payment equal to a given percentage of the actuarial present value of your lifetime benefit. You will then receive the rest of your benefit in reduced monthly payments.

Partial Lump-Sum Option Election

1. “I elect the PLSO.” Yes No

If you chose “yes,” select a percentage option below and complete the payment options on the next page.

If you chose “no,” advance to Part D.

“Having elected the PLSO option above, I understand I will receive a single lump-sum payment as a percentage of the actuarial present value of my lifetime benefit. I further understand that my monthly benefit will be permanently reduced according to the percentage I choose.”

2. 10% 20% 30% 40% 50%

