

If you have any questions about the information in this publication or the Application for Retirement Annuity that should accompany this publication, please contact a retirement counselor in the APERS office at (501) 682-7830 inside Pulaski County or toll free at 1-800-682-7377 outside Pulaski County.

Applying for Retirement Benefits

To be eligible for retirement, you must be vested and you must meet certain age and service requirements. These requirements determine which type of retirement (normal retirement, reduced retirement or disability retirement) for which you can apply. Listed below are the age and service requirements for each type of retirement.

Type of Retirement	Age and Service Requirement
Normal Retirement	<ul style="list-style-type: none"> ■ Age 65 with at least 5 years of service ■ Any age with 28 years of service ■ Age 60 with 20 years of service (contributory members prior to 07/01/2005)
Normal Retirement with PAW plan	<ul style="list-style-type: none"> ■ Normal retirement requirements and ■ Work past normal retirement
Reduced Retirement	<ul style="list-style-type: none"> ■ Age 55 with at least 5 years of service ■ Any age with 25 years of service ■ Up to 10 years before normal retirement age
Disability Retirement*	<ul style="list-style-type: none"> ■ Must be deemed totally and permanently disabled by the Social Security Administration ■ Must have service in 18 of the 24 months before your disability onset date from the Social Security Administration

* If you are applying for a disability retirement benefit, please request the **Applying for Disability Retirement Benefits Application** which contains additional information and forms pertaining to disability benefits.

If you are eligible for retirement, you will receive an annuity (a series of regular payments) that is paid to you each month for your lifetime. Your retirement annuity will be effective on the first day of a month. Depending on your age, you may also be eligible for an additional, temporary annuity.

If you are within one year of your anticipated retirement date, you may submit a written request to APERS for an estimate of your retirement benefit.

Regular Annuity Benefit

The amount of your regular annuity is based on your final average compensation and your total credited service. With Normal Retirement, you receive your full annuity. If you participate in the PAW plan with Normal

Retirement, you receive a single lump sum for a portion of your annuity and a reduced monthly amount for the remaining portion. With Reduced Retirement, your annuity amount will be reduced from what you would have received if you were eligible for Normal Retirement.

Temporary Annuity Benefit

If you retire before age 62, you may be eligible for an additional, but temporary, annuity. The amount of your temporary annuity is based on your final average compensation and your non-contributory credited service. Your beneficiaries are not eligible for the temporary annuity, and you are not eligible for the temporary annuity if you are approved for disability benefits. **Your temporary annuity is removed at the end of the calendar month in which you attain age 62.**

All of your employment with APERS-participating employer(s) must terminate before you can begin receiving a retirement annuity.

Please refer to page 4 **IMPORTANT NOTICE** in the instructions for specific termination requirements.

The application must be submitted to APERS at least 30 days but not more than 90 days prior to the effective date of the retirement annuity. The application may be mailed or hand-delivered, **but it CANNOT BE FAXED**. If APERS receives your application after a deadline, you do not have legal recourse for any missed annuity payments.

The Application Packet

This application packet consists of 3 forms:

- 1.) Application for Retirement Annuity form (page 1 and page 2)
- 2.) Employer Verification of Termination form (to be filled out by your employer)
- 3.) Verification of Credited Service form (for public safety officers only, to be filled out by your employer)

Required Documents

- 1.) Application for Retirement Annuity Page 1 and 2
- 2.) Employer Verification of Termination
- 3.) Proof of Age - Information on Proof of Age can be found on page 4.
- 4.) Other - Depending on your answers and specific choices you make in regards to your retirement, additional forms and or documents may be required in order to complete your application. For more information see the section on page 4 labeled "Additional Forms and Documents You May Need".

You are responsible for submitting all required forms. If APERS does not receive all of the required forms by the application deadline, your first annuity payment may be delayed.

Instructions For Completing Your Application

• Application for Retirement Annuity - Page 1 of 2 •

I. MEMBER INFORMATION

This is the member basic information block . Please print legibly and provide all requested information.

II. CREDITED AND OTHER SERVICE STATEMENT

A.) Service in other Arkansas state-sponsored retirement systems (reciprocal service)

APERS can recognize your credited service from other Arkansas state-supported retirement systems. Through reciprocal agreements, your credited service in these systems can be combined with your APERS service to help you meet vesting or service requirements for retirement benefits. If you are already retired from an Arkansas state-supported retirement system, you may not be eligible to use reciprocity. If you have reciprocal service, you must have a **Request for Reciprocal Service Credit** form on file in each applicable retirement system **before you retire**. You must indicate whether you have credited service in any of the following reciprocal retirement systems:

- ADJRS - District Judges Retirement System
- LOPFI - Local Police and Fire Retirement System
- ASPRS - State Police Retirement System
- ATRS - Teacher Retirement System
- AJRS -Judicial Retirement System
- ASHERS - State Highway Employees Retirement System
- An alternate retirement plan (*ex: TIAA or VALIC for post-secondary institutions, Dept. of Higher Education or Dept of Workforce Education*)

Reciprocity must be established while you are an active member of a System.

B.) Service as a Public Safety Member

You must indicate whether you have service as a public safety member. A public safety member is a member whose employment is for personal services as a police officer or a firefighter and whose employment started prior to July 1, 1997. For public safety credit in APERS, the Arkansas Code defines a "police officer" and a "firefighter" as the following:

- "Police officer" means any regular or permanent employee whose primary duty is law enforcement of a municipal police department or a county sheriff's office and also includes wildlife officers of the Arkansas State Game and Fish Commission and all officers and the Director of the State Capitol Police (primary duties must include patrols, making arrests, serving warrants), or drug enforcement officers of a judicial drug task force.
- "Firefighter" means any regular employee of a fire department whose primary duty is fire fighting, including probationary firefighters and military department firefighters.
- Exclusions: "Police officer" or "firefighter" does not include any civilian employee or any person temporarily employed during an emergency. A "police officer" does not include an employee whose primary duty is as a jailor, radio dispatcher, bailiff, or probation officer.

C.) Service as an Elected Public Official

You must indicate whether you have service as an elected public official. An elected public official is a member who holds a municipal, county or state position elected by the public. An elected public official may also include a member who is appointed to complete the term for an elected position. If you are an elected official, you and the local office responsible for certifying that the public office has or will be vacated must execute an affidavit.

III. BENEFIT ELECTION

A.) Type of Retirement

You must indicate the type of retirement benefit for which you are applying. If you are unsure, refer to the table "Types of Retirement" found on the front cover.

B.) Election of Annuity Option

You must choose one of five options for your retirement annuity. The option you choose at retirement will be effective for your lifetime unless your marital status changes which may allow you to choose a different option. The annuity options are described below.

- **Straight Life.** You receive the full annuity. This option does not have a beneficiary provision. However, if your death occurs within 12 months of retirement, your surviving spouse may apply for a survivor annuity which is equal to the amount he or she would have received under Option B75.
- **Option A120 – 120 Months Certain and Life Annuity.** You receive 94% of the straight life annuity. If your death occurs before you receive 120 monthly payments, your beneficiary will receive the annuity for the remainder of the 120 months.
- **Option A60 – 60 Months Certain and Life Annuity.** You receive 98% of the straight life annuity. If your death occurs before you receive 60 monthly payments, your beneficiary will receive the annuity for the remainder of the 60 months.
- **Option B75 – 75% Survivor Beneficiary Annuity.** You receive 83% of the straight life annuity adjusted for the difference in age between you and your beneficiary. If your death occurs, your beneficiary will receive 75% of your annuity for his or her lifetime, less Temporary Annuity if applicable. **If you choose Option B75, you must provide your spouse's birth certificate and your marriage license.**
- **Option B50 – 50% Survivor Beneficiary Annuity.** You receive 88% of the straight life annuity adjusted for the difference in age between you and your beneficiary. If your death occurs, your beneficiary will receive 50% of your annuity for his or her lifetime, less Temporary Annuity if applicable. **If you choose Option B50 you must provide your spouse's birth certificate and your marriage license.**

C.) Spouse Acknowledgement of Straight Life Annuity

If you choose the **STRAIGHT LIFE** annuity option and you are a married member, your spouse must sign this Section to acknowledge that he or she will not receive a benefit unless your death occurs within 12 months of retirement.

D.) Beneficiary Designation

Who you may designate as a beneficiary will be determined by the option you have chosen in Part B.) Election of Annuity Option.

- **Beneficiary Designation for Option A120, A60 Option** - If you choose the A120 or A60 annuity Option you must designate a beneficiary. You may designate anyone as a beneficiary. If you designate more than one beneficiary, they will share equal portions of your annuity. If your designated beneficiary predeceases you, please contact our office.
- **Beneficiary designation for B75 or B50 Option** - If you choose the B75 or B50 annuity Option your beneficiary must be a spouse to whom you have been married for at least one year. You must provide a copy of your marriage license and a copy of your spouse's birth certificate. Alternatively you may designate a person aged 40 or older who receives more than one-half support from you. Certified tax records must be provided to document dependency. If your designated beneficiary predeceases you, please contact our office.

IV. MEMBER SIGNATURE

Sign and date Application Page 1.

Application for Retirement Annuity - Page 2 of 2

V. DIRECT DEPOSIT AUTHORIZATION

APERS requires that your annuity payments be deposited directly into a financial institution account. Direct deposit is the most efficient and safest method to deliver your payments to you. On the first working day of each month, APERS deposits your annuity payment into a checking or savings account that you designate. The deposit represents your payment for that month. APERS DOES NOT send notice of the monthly deposit; you must check with your financial institution for verification that the deposit has been received.

Check #1 if you DO NOT have a checking or savings account.

Check #2 for direct deposit and indicate the type of account by placing a check mark in the appropriate box for either checking or savings.

If you will be depositing into a CHECKING ACCOUNT, you may simply attach a VOIDED check.

If you are depositing in a SAVINGS ACCOUNT, a representative of your financial institution must furnish your account information.

VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

Your retirement annuity is subject to Federal income tax. You must elect how APERS will withhold the tax from your annuity payments. You can elect that Federal income tax:

- 1.) not be withheld
- 2) be withheld using standard tax tables
- 3) an optional fixed additional amount.

If you do not make a withholding election, APERS must withhold federal income tax as if you are married and claim three allowances. If you have contributions in the System from contributory service or a service purchase, you may be able to reduce the taxable amount of your monthly benefit using the Safe Harbor method (IRS Publication 575) or the Pension General Rule (IRS Publication 939). For questions regarding federal income taxes, contact the Internal Revenue Service or review its Publication 575 *Pension and Annuity Income*.

VII. STATE INCOME TAX WITHHOLDING ELECTION

Your retirement annuity may be subject to Arkansas income tax. You must elect how APERS must withhold the tax from your annuity payments. You can elect that Arkansas income tax

- 1.) not be withheld
- 2) be withheld using standard tax tables
- 3) a fixed amount.

The first \$6,000 of your annuity payments is excluded from income tax each calendar year. For questions regarding Arkansas income taxes, contact the Arkansas Department of Finance and Administration.

Application for Retirement Annuity - Page 2 of 2 (Continued)

VIII. MEMBER SIGNATURE

Sign and date Application Page 2.

Employer Verification of Termination Form

The Employer Verification of Termination is a standard part of the application packet, but it is not for you to fill out. The Verification of Termination **MUST BE FILLED OUT BY THE EMPLOYER**. You should not delay filing your application while waiting on your employer to complete this form. Usually, the employer will complete the form and mail it directly to APERS.

You do not have to have this form completed if you have not worked for an employer covered under APERS for more than one year, unless you are filing for disability, then the form must be completed.

Employer Verification of Credited Service Form

The Employer Verification of Credited Service is a standard part of the application packet, but it is not for you to fill out. The Verification of Credited Service **MUST BE FILLED OUT BY THE EMPLOYER**. You will need this form if you answered "Yes" to the question of Credited Service found on Application Page 1, Section II.

The Employer Verification of Credited Service Form must be completed by your employer if you have eligible service as a deputy sheriff, a city police officer, a wildlife officer, a state capitol police officer, or a firefighter.

- If your public safety service was as a deputy sheriff, you will need to have the Sheriff to complete the form.
- If you were a police officer, then, the Chief of Police should complete the form.
- If you were a wildlife officer, state capitol police officer, or a firefighter, then, your Agency Director or Chief should complete the form.

Additional Information

PROOF OF AGE

You must provide proof of your age **before** you can begin receiving annuity payments. APERS can accept the following documents as proof of age:

One of the following documents:

-OR-

Any two of the following documents that show age or date of birth:

- Birth certificate issued at date of birth
- Birth certificate issued at any date before age 5
- Baptismal or other church records issued before age 5
- U.S. census report issued 1940 or before
- Social Security Administration document, other than an application for social security number, that states age or date of birth recognized by SSA.
- Valid U.S. Passport

- Marriage license which shows age or date of birth
- Insurance policy issued at least 10 years prior to current date
- Records from family bible
- Military discharge
- Child's birth certificate
- Application for social security number
- Birth certificate issued at date when person was older than age 5 when certified by the appropriate agency.

ADDITIONAL FORMS OR DOCUMENTS YOU MAY NEED

You may need to submit other forms or documents in addition to the forms found in the application packet and your proof of age. Use the following list to verify if you should submit any additional documents:

- Proof of age and marriage license for your spouse (Required if you choose the B75 or B50 annuity option)
- *Employer Verification of Credited Service form* (Required for public safety members only)
- *Application for PAW form* (Required if you elect to participate in the PAW plan)
- *Distribution Election form* (Required if you are a DROP or PAW plan participant)
- *Elected Official Affidavit of Compliance* (Required if you are an elected Public Official)
- *Individual Audit Form* (Required if you are a Public Safety Official)

IMPORTANT NOTICE

All of your employment with APERS-participating employer(s) must end before you can begin receiving a retirement annuity. In addition, if you are using reciprocal service in another Arkansas plan for retirement eligibility, your employment in that plan must also end before you can receive a retirement annuity. To be considered retired, you must end your employment and you may not return to work in an APERS-covered position for 180 days from the effective date of retirement (elected officials must be terminated for 1 year from the effective retirement date). If you are retiring out of DROP, the following termination requirements apply.

DROP effective date	Termination period
01/01/09 and before	30 days from date of retirement
01/01/09 and before from an elected position	90 days from date of retirement
02/01/09 through 02/01/11	180 days from date of retirement
03/01/11 and after	You may not return to work for any Arkansas authorized plan

Return all completed forms to:

APERS • Attn: Retirement Applications • 124 W. Capitol Ave, Ste 400 • Little Rock AR 72201



Application for Retirement Annuity

I. MEMBER INFORMATION

Name: _____
 Mailing Address: _____
 City, State, Zip: _____
 Last APERS Employer: _____
 Last Day of Work for Employer: _____

Social Security No: _____
 Date of Birth: _____ Age: _____
 Gender: Male Female
 Marital Status: Single Married
 Daytime Phone No: (____) _____

II. CREDITED AND OTHER SERVICE STATEMENT

A. Do you have credited service in other state sponsored retirement systems? No Yes
 If Yes, list name of system(s): ADJRS ASPRS AJRS LOPFI ATRS ASHERS Other: _____

B. Do you have any service in APERS as a public safety member? No Yes *(If Yes, your Employer must complete the Employer Verification of Credited Service form)*
 If Yes, list your employer and dates of service for each public safety position.

Position	Employer	Dates of Service
_____	_____	_____
_____	_____	_____

C. Do you have any service in APERS as an elected public official? No Yes *(If Yes, you must complete the Elected Official Affidavit Of Compliance form)*
 If Yes, list your employer and dates of service for each elected public position.

Position	Employer	Dates of Service
_____	_____	_____
_____	_____	_____

III. BENEFIT ELECTION

<p>A. Type of Retirement <i>Required – Choose one.</i></p> <p>1. <input type="checkbox"/> Normal Retirement</p> <p>2. <input type="checkbox"/> Normal Retirement with PAW Plan* <i>*(Must complete a PAW Application & Election form)</i></p> <p>3. <input type="checkbox"/> Reduced Retirement</p> <p>4. <input type="checkbox"/> Disability Retirement</p>	<p>B. Election of Annuity Option <i>Required – Choose one.</i></p> <p>1. <input type="checkbox"/> Straight Life <i>(If married, your spouse must complete Section C)</i></p> <p>2. <input type="checkbox"/> Option A120</p> <p>3. <input type="checkbox"/> Option A60</p> <p>4. <input type="checkbox"/> Option B75</p> <p>5. <input type="checkbox"/> Option B50</p> <p><i>(If you choose one of these options, Leave Section C blank - Complete Section D)</i></p>
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C. Spouse Acknowledgement of Straight Life Annuity COMPLETE ONLY IF YOU CHOSE THE STRAIGHT LIFE ANNUITY & YOU ARE MARRIED.
 I understand that my spouse has chosen the Straight Life annuity option which does not entitle me to a survivor annuity unless my spouse dies within 12 months of retirement.
 Signature of Member's Spouse: _____ Date: _____

D. Beneficiary Designation for A120, A60, B75 or B50 Option DO NOT COMPLETE IF YOU CHOSE THE STRAIGHT LIFE ANNUITY.

Beneficiary Name: _____ Relationship: _____
 Social Security No: _____ Date of Birth: _____ Gender: Male Female
 Address: _____

IV. MEMBER SIGNATURE

I acknowledge that I have been provided with the *Applying for Retirement Benefits* publication which explains age and service requirements, application requirements, credited service, and annuity options. I certify that I have read and understand these provisions, and I choose to receive my retirement annuity based on my elections above.

Signature of Member: _____ Date: _____



Application for Retirement Annuity

Name: _____ Social Security No: _____
(Print Name) (Print SSN)

V. DIRECT DEPOSIT AUTHORIZATION

- 1. I certify that I do not have a bank account.
- 2. I authorize APERS to deposit my net monthly benefit to the account indicated below with the same effect as if a check had been delivered to me for that amount.

Type of Account: Checking Savings Account Number: _____

For Direct Deposit - To Be Completed By Your Financial Institution. For a checking account only: You may attach a "voided" check in this area instead of having your financial institution complete the section.

Bank (ACH) Routing Number: _____ Account Number: _____

Financial Institution Name and Address: _____

I confirm the identity of the above-named payee and the account number and title. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Representative Name: _____ Representative Signature: _____

Date: _____ Telephone Number: () _____

ATTACH VOIDED CHECK IN THIS AREA

VI. FEDERAL INCOME TAX WITHHOLDING ELECTION

- 1. Do not withhold any Federal income tax from my annuity.
- 2. Withhold Federal income tax using the **standard tax tables**.
 Single Married Married, but withhold at higher "Single" rate.
Number of Allowances _____
- 3. **Additional amount**, if any, you want withheld from each annuity payment (you cannot enter an amount here without entering the number of allowances on line 2). \$ _____

VII. STATE INCOME TAX WITHHOLDING ELECTION

- 1. Do not withhold any Arkansas income tax from my annuity.
- 2. Withhold Arkansas income tax using the **standard tax tables**.
 Single Married
Number of Dependents (Do not include yourself or your spouse) _____
- 3. Withhold Arkansas income tax using the **fixed amount** of \$ _____ per month.

VIII. MEMBER SIGNATURE

I certify that I have read and understand the provisions regarding direct deposit and income tax withholding, and I choose to have my payment issued to me based on my elections above. If I have a bank account, I authorize the financial institution indicated above to credit my net monthly benefit to my account. If an overpayment is made, I authorize APERS to debit the account to correct the overpayment. This authority is effective until I notify APERS in writing to terminate it. I understand that I will not receive notice of the monthly deposit.

Signature of Member: _____ Date: _____



Employer Verification of Termination

MEMBER INFORMATION

This Form Must Be Completed By The Employer

Name: _____ Social Security Number: _____

EMPLOYER NOTICE

The member listed above has applied for retirement benefits from APERS. Before retirement benefits can begin, members must terminate their employment with an APERS-participating employer/reciprocal employer. In the section below, please verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments that the member may receive for unused time off or other termination-related pay.

TERMINATION AND EARNINGS VERIFICATION

Employer Payroll Representative: Verify the member's last date to earn pay and final earnings information. Exclude dates and earnings related to lump sum payments for unused time off or other termination-related pay.

1. Member Status.

Contributory

Non-Contributory

2. Last date to earn pay: _____

3. Termination Date _____ **If Different than #2 please explain:** _____

4. List the member's compensation for the final three (3) months through the month of termination.

Month/Year	Monthly Earnings	Monthly Service Credit (1, 2, 3 or 4)	Hours Worked	Service Credit
_____	_____	_____	80+	4
_____	_____	_____	60-79	3
_____	_____	_____	40-59	2
_____	_____	_____	20-39	1
_____	_____	_____	0-19	0

5. List compensation the member will receive after the month of termination.

Month/Year	Monthly Earnings	Reason
_____	_____	_____

EMPLOYER CERTIFICATION

I have read the "Employer Notice" above regarding members terminating their employment before receiving retirement benefits. I certify that based on my knowledge or the information provided to me this member has or will terminate employment with this agency on the date given above and will remain terminated after that date except as authorized by retirement law.

Name: _____ Signature: _____

Title: _____ Employer: _____

Telephone No: () _____ Fax No: () _____

Date: _____

Notice of Penalty for Falsifying Statements or Records

Any person who knowingly makes any false statements or who falsifies or permits to be falsified any record in an attempt to defraud the system as the result of such act shall be guilty of a misdemeanor and shall upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both. Arkansas Code of 1987, as amended, 24-4-102.



**Employer Verification of Credited Service
(For Public Safety Officers Only)**

MEMBER INFORMATION

This Form Must Be Completed By The Employer

Name: _____ Social Security Number: _____

CREDITED SERVICE NOTICE

The member listed above has indicated that he or she has service as a public safety member. Public safety members accrue non-contributory service credit at a different rate than the regular rate for crediting service. In the section below, verify the member's public safety service.

A public safety member means a non-contributory member whose employment is for personal services as a police officer or firefighter and whose employment started prior to July 1, 1997. For public safety credit in APERS, the Arkansas Code defines a "police officer" and "firefighter" as the following:

- "Police officer" means any regular or permanent employee whose primary duty is law enforcement of a municipal police department or a county sheriff's office and also includes wildlife officers of the Arkansas State Game and Fish Commission and all officers and the Director of the State Capitol Police (primary duties must include patrols, making arrests, serving warrants), or drug enforcement officers of a judicial drug task force.
- "Firefighter" means any regular employee of a fire department whose primary duty is fire fighting, including probationary firefighters and military department firefighters.
- Exclusions: "Police officer" or "firefighter" does not include any civilian employee or any person temporarily employed during an emergency. A "police officer" does not include an employee whose primary duty is as a jailor, radio dispatcher, bailiff, or probation officer.

CREDITED SERVICE VERIFICATION

This section must be completed by the current sheriff, police chief, fire chief, Director of Arkansas Game and Fish Commission, or the Secretary of State (for State Capitol Police). Please list each job held.

List each job title, specific primary duties (such as patrol, making arrests, etc.), employer, and dates of service for each public safety position this member has held with your agency. Stating "Law Enforcement" is not adequate information.

Job Title	Primary Duties	Employer	Dates of Service (From/To) <i>mm/dd/yy format</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EMPLOYER CERTIFICATION

I have read the "Credited Service Notice" above regarding service crediting for public safety members, and I certify that this member qualifies as a public safety member. My certification is based either on my knowledge of the work performed or from affidavits* from at least two fellow employees who supervised or worked with the member during their employment. (*Attach affidavits.)

Signature: _____ Date: _____

Title: _____ Employer: _____

(Sheriff, Chief, or Director)

Notice of Penalty for Falsifying Statements or Records

Any person who knowingly makes any false statements or who falsifies or permits to be falsified any record in an attempt to defraud the system as the result of such act shall be guilty of a misdemeanor and shall upon conviction by a court, be punished by a fine of not less than one hundred dollars (\$100) or a maximum of six (6) months in jail or both. Arkansas Code of 1987, as amended, 24-4-102.