PUBLIC EDUCATION EMPLOYEE
RETIREMENT SYSTEM OF MISSOURI

PO Box 268
Jefferson City, MO 65102-0268
(573) 634-5290 or
Toll Free: (800) 392-6848
Fax: (573) 634-7934
Email: psrspeers@psrspeers.org
Website: www.psrs-peers.org

FILING FOR SERVICE RETIREMENT

☐ **Step 1** **Complete and return your *Service Retirement Application*.**

- **All five pages of the application must be returned** to the Public Education Employee Retirement System of Missouri (PEERS) **prior to your PEERS retirement date**.
- We recommend that you file the application three to 12 months prior to your PEERS retirement date. This will give us adequate time to review your membership and allow you adequate time to complete your paperwork so your benefits are not delayed.

☐ **Step 2** **Complete and return the *Partial Lump Sum Option (PLSO) Distribution Election* form** only if you are eligible and choosing PLSO. This form is available on our website or by contacting our office.

☐ **Step 3** **Submit proof documents.**

Please make sure copies are readable.

- A copy of your birth certificate, issued by the city, county or state of birth (unless already submitted)
- A copy of your beneficiary's birth certificate issued by the city, county or state of birth (unless already submitted) if you choose a Joint-and-Survivor plan
- A copy of your marriage license/certificate if you choose a Joint-and-Survivor plan and name your spouse as your beneficiary

☐ **Step 4** **Complete and return the *Direct Deposit Authorization* form with a voided check.**

☐ **Step 5** **Download the IRS Form W-4P from www.irs.gov/forms-pubs/about-form-w-4-p. Complete it and submit it with the *Missouri Tax Withholding Authorization* form, included in this packet.**

Contact the appropriate taxing agency or a tax specialist if you have questions about your tax liabilities or tax withholding.

IMPORTANT REMINDERS

Your *Service Retirement Application* must be filed prior to your retirement date. Benefits are not paid retroactively.

Purchases and reinstatements of service must be paid in full prior to your PEERS retirement date. Failure to complete payment on time will cause you to lose benefits or retire without the purchased/reinstated service.

Proper Termination of Employment: You must terminate all employment with all PEERS-covered employers prior to your PEERS retirement date and you cannot return to employment with any PEERS-covered employer in any capacity (this may include work performed after retirement as part of a retirement incentive) or be under contract for employment with a PEERS-covered employer in any capacity for a period of one month after your PEERS retirement date. Benefits that you are not eligible to receive must be returned to PEERS.

Receipt of your ***Service Retirement Application*** will be acknowledged by PEERS. Please call us if you have any questions or do not receive acknowledgement of your application within two weeks of submission or prior to your PEERS retirement date.

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SERVICE RETIREMENT APPLICATION

By law, this application *must* be filed with the Public Education Employee Retirement System of Missouri (PEERS) prior to your PEERS retirement date.

- **Please complete and return all five pages of this application to PEERS at the address above.**
- Make sure you understand the requirements and restrictions noted in the Member Certification section and sign the application on page 5.
- Please keep a copy for your records.
- PEERS will send an acknowledgement of your ***Service Retirement Application***.

SECTION A MEMBER INFORMATION

First Name	Middle Name	Last Name

Account ID (or Last Four Digits of Your Social Security Number)	Member ID

Mailing Address

City	State	ZIP	Telephone

Email Address

SECTION B LAST PEERS COVERED EMPLOYMENT INFORMATION

Last PEERS-Covered Employer	Last Date of Employment/Termination Date

Additional PEERS-Covered Employer(s) for the Current School Year, if any	Last Date of Employment/Termination Date

SECTION C PEERS RETIREMENT DATE

Your PEERS retirement date must be ***after*** your last date of employment/termination date. If you earn a full year of service with PEERS for the school year immediately before your retirement, the earliest your retirement can be effective is July 1.

I request my retirement be effective on: _____ **1,** _____
(month) (year)

SECTION D BENEFIT PLAN AND BENEFICIARY DESIGNATION

You must choose one of the six plans. Please make your choice by placing an "X" in the box that corresponds to the plan you wish to choose. List beneficiaries only for the benefit plan you choose.

Benefit Plan Descriptions

PEERS offers six benefit plans for monthly benefits. Under all plans, you will receive a lifetime monthly benefit. The benefit plan you choose cannot be changed after your PEERS retirement date.

Single Life Plan:

Provides the largest lifetime monthly benefit to you with no continuing monthly benefits to a beneficiary after your death. Any unused balance of contributions and interest in your membership at your death is paid in a lump sum to your beneficiary(ies).

Joint-and-Survivor Plans:

Provide a reduced lifetime monthly benefit to you with all or some of your benefit continuing for the lifetime of your beneficiary after your death. If your beneficiary dies before you, or if that beneficiary is your spouse and you divorce, your monthly benefit may "pop-up" to the amount payable if you had chosen the Single Life plan at retirement.

Term-Certain Plans:

Provide a reduced lifetime monthly benefit to you and provide limited coverage to your beneficiary for a specific period of time after your PEERS retirement date. The beneficiary receives monthly benefits only if your death occurs within the term chosen. If you die before you receive the minimum number of monthly payments guaranteed under the plan you choose (120-month or 60-month terms), the remaining payments in the term are made to your beneficiary. If the beneficiary named at retirement is your spouse and you divorce, you may apply for your benefit to "pop-up" to the amount payable if you had chosen the Single Life plan at retirement.

Beneficiary Designation

List beneficiaries for the benefit plan you choose. The beneficiary designation made on this application becomes effective on your PEERS retirement date as indicated on this application. If you need additional space to name beneficiaries, you may include a dated attachment, which bears your signature. If you wish to change your beneficiary designation applicable to your membership before your retirement date, the ***Pre-Retirement Beneficiary Designation*** form must be completed. Please contact our office or download this form from our website.

Partial Lump Sum Option (PLSO)

If you choose the Partial Lump Sum Option (PLSO) under Section E of this application, you still must choose one of the six monthly benefit plans. The **PLSO** allows qualified members to choose actuarially reduced lifetime monthly benefits in exchange for a one-time, lump-sum payment at retirement. The lump-sum payment can be equal to 12, 24 or 36 times your Single Life benefit amount.

Single Life Plan

☐ Place an "X" here to choose the **Single Life Plan.**

If you choose the Single Life plan, complete the beneficiary section on this page only.

Beneficiary Designation for Lump-Sum Payment of Contributions and Interest. You may name any person(s), legal entity(ies), your trust or estate as your Primary Beneficiary(ies) to receive any remaining contributions and interest and, if necessary, final monthly payment due after your death. You may name multiple beneficiaries per line. Payment is made to your First Contingent Beneficiary(ies) only if you and your Primary Beneficiary(ies) are deceased. Your beneficiary(ies) can be changed at any time. If you do not have a valid beneficiary designation on file, any benefit due at your death will be paid in accordance with Missouri law.

Primary Beneficiary for Lump-Sum Payment

First Name	Middle Name	Last Name

Social Security Number				-			-				

Date of Birth	Relationship to You

Mailing Address

City	State	ZIP

First Contingent Beneficiary for Lump-Sum Payment

First Name	Middle Name	Last Name

Social Security Number				-			-				

Date of Birth	Relationship to You

Mailing Address

City	State	ZIP

Joint-and-Survivor Plans

Place an "X" in a box below to choose a **Joint-and-Survivor Plan.**

☐ **Joint-and-Survivor 100%:** 100% of your benefit to a beneficiary

☐ **Joint-and-Survivor 75%:** 75% of your benefit to a beneficiary

☐ **Joint-and-Survivor 50%:** 50% of your benefit to a beneficiary

If you choose a Joint-and-Survivor plan, complete the beneficiary section on this page only.

NOTE: The beneficiary(ies) you designate for the Lump-Sum Payment must be different than your beneficiary for a Lifetime Monthly Benefit (above).

Beneficiary Designation for Joint-and-Survivor Plans

You may name one individual with insurable interest in your life to receive lifetime monthly payments after your death. A spouse, child or parent has automatic insurable interest. You must provide documentation of insurable interest for any other individual. If your beneficiary dies before you, or if that beneficiary is your spouse and you divorce, your benefit may "pop-up" to the amount payable if you had chosen the Single Life benefit plan adjusted for any increases since your retirement.

After your PEERS retirement date, you can only change your Joint-and-Survivor beneficiary if you designate your spouse at retirement, your spouse dies or a divorce occurs, you remarry, **and** name your new spouse as your beneficiary within one year of the marriage. If these conditions are met, your new designation must be for the same plan chosen at retirement, and a recalculation of your benefit will occur based on your age and the age of your new spouse under the actuarial assumptions in effect at that time. In a divorce, your divorce decree must provide that you retain sole right to your retirement benefit. If you do not designate a new spouse, your former spouse remains as your beneficiary. If you designate someone other than your spouse as your Joint-and-Survivor beneficiary, you cannot change your beneficiary designation under any circumstances.

Beneficiary for Lifetime Monthly Benefit

First Name	Middle Name	Last Name

Social Security Number ___ ___ - ___ ___ - ___ ___ ___ ___

Gender (Select One)	Date of Birth	Relationship to You
◯M ◯F		

Mailing Address

City	State	ZIP

Beneficiary Designation for Lump-Sum Payment of Contributions and Interest. You may name any person(s), legal entity(ies), your trust or estate as your Primary Beneficiary(ies) to receive any remaining contributions and interest after your death and that of your beneficiary named above. You may name multiple beneficiaries per line. The lump-sum payment is made to your First Contingent Beneficiary(ies) only if your Primary Beneficiary(ies) is deceased. Your beneficiary(ies) below can be changed at any time. If you do not have a valid beneficiary designation on file, any benefit due at your death will be paid in accordance with Missouri law.

Primary Beneficiary for Lump-Sum Payment

First Name	Middle Name	Last Name

Social Security Number ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth	Relationship to You

Mailing Address

City	State	ZIP

First Contingent Beneficiary for Lump-Sum Payment

First Name	Middle Name	Last Name

Social Security Number ___ ___ - ___ ___ - ___ ___ ___ ___

Date of Birth	Relationship to You

Mailing Address

City	State	ZIP

Term-Certain Plans

Place an "X" in a box below to choose a **Term-Certain Plan.**

☐ **Term-Certain 120-Month**

☐ **Term-Certain 60-Month**

If you choose a Term-Certain plan, complete the beneficiary section on this page only.

Beneficiary Designation for the Term-Certain Plans. You may name any individual or legal entity as your beneficiary and you can change your designation at any time. You may name only one beneficiary per line. After your death, any payments due are made to your Primary Beneficiary. Payments to the First or Second Contingent beneficiary are only made if the preceding beneficiary is deceased. If the beneficiary named at retirement is your spouse and you divorce, you may apply for your benefit to "pop-up" to the Single Life benefit amount. In that case, if you die, your beneficiary will be eligible to receive a lump-sum payment of any remaining contributions and interest in your membership and no monthly payments to a beneficiary will be made.

Primary Beneficiary

First Name	Middle Name	Last Name

Social Security Number												

Date of Birth	Relationship to You

Mailing Address		

City	State	ZIP

First Contingent Beneficiary

First Name	Middle Name	Last Name

Social Security Number												

Date of Birth	Relationship to You

Mailing Address		

City	State	ZIP

Second Contingent Beneficiary

First Name	Middle Name	Last Name

Social Security Number												

Date of Birth	Relationship to You

Mailing Address		

City	State	ZIP

SECTION E PARTIAL LUMP SUM OPTION (PLSO)

Complete the ***PLSO Distribution Election*** form and **return it with this completed application**.

Partial Lump Sum Option (PLSO)

Place an "X" in a box at the right to choose a PLSO plan **only** if eligible **and** choosing a PLSO. You must also choose a benefit plan under Section D.

Review the brochure, ***Your Rollover Options***. This brochure is found at **www.psrs-peers.org**, and a free paper copy is available upon request from our office.

☐ **12-Month PLSO** ☐ **24-Month PLSO** ☐ **36-Month PLSO**

You must indicate your agreement with the following statement by signing below:
I understand that my lifetime monthly benefit is actuarially reduced due to the PLSO payment. I understand that this actuarially reduced benefit is permanent and that any cost-of-living adjustments are based on this actuarially reduced benefit.

I have reviewed and understand the information provided in the brochure, ***Your Rollover Options***. This brochure is a Special Tax Notice Regarding Plan Payments that contains important information I need before I decide how to receive my lump-sum payment.

Digital Signatures Not Accepted – Original (Written) Signature Required

X

PLEASE READ THE MEMBER CERTIFICATION AND PROVIDE YOUR SIGNATURE ON PAGE 5.

SECTION F – MEMBER CERTIFICATION

Please read the following information carefully and indicate your agreement with the following statements by signing your full name in the space provided below. Failure to abide by the rules set forth in Missouri statutes and PSRS/PEERS Board regulations as outlined herein could jeopardize your retirement benefits.

I understand that I must properly terminate **all** employment with all PEERS-covered employers in order to be eligible to retire and receive PEERS retirement benefits. In order for my employment to be considered properly terminated, I must:

1. End all employment in any capacity with all PEERS-covered employers prior to my PEERS retirement date,
2. Not return to employment with a PEERS-covered employer in any capacity for a period of one month after my PEERS retirement date, which includes volunteer work if I later become a paid employee with the same employer in the same, or a similar position, and
3. Not enter into any agreement, written or unwritten, for future employment at a PEERS-covered employer in any capacity until after receiving my first retirement benefit payment. This includes any type of early retirement incentive or separation agreement that requires me to return to work or to volunteer in any capacity after retirement in return for salary, including health insurance benefits.

After a proper termination, my employment after retirement for PEERS-covered employers is limited and must be tracked. If I exceed the limits, I will notify PEERS. My benefits may be stopped, and I must repay the amount I earned in excess of the limit, or the entire amount of my monthly benefit for any month during which the limit was exceeded, *whichever is less*.

I understand that if I violate these rules, I am not considered terminated, and I am not eligible to retire and receive benefits. In addition, I will repay any benefits received while ineligible including a Partial Lump Sum Option (PLSO) payment, and may be required to pay contributions on salary until I properly terminate my employment.

I understand that:

- I must file a ***Service Retirement Application*** with PEERS prior to my PEERS retirement date.
- The benefit plan I choose on this application is final on my retirement date and cannot be changed thereafter.
- My beneficiary designation on this application becomes effective on my retirement date.
- The beneficiary named to receive lifetime monthly benefits under a Joint-and-Survivor plan, if chosen, may only be changed as described on this application.

I certify that I have read and fully understand the above listed requirements and restrictions, and agree to abide by them. If married, my spouse is aware of the benefit plan chosen on this application. I further certify that all information I have provided on this *Service Retirement Application* is true and correct.

Signature of Member **X**	**Date**

RETURN ALL FIVE PAGES TO PEERS.

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DIRECT DEPOSIT AUTHORIZATION

FOR ELECTRONIC FUNDS TRANSFER OF MONTHLY BENEFIT PAYMENTS

Instructions: Use this form to authorize direct deposit of your Public Education Employee Retirement System of Missouri (PEERS) benefits to a financial institution. Missouri law requires all PEERS benefit payments to be electronically transferred to your bank or financial institution.

- Attach a voided check for a checking account or a voided deposit slip for a savings account. If the account is a revocable trust account, please attach a copy of the trust document.
- Return the completed form to PEERS at the address above.
- Authorization forms received by the 15th of the month are processed in the month received. You will receive written confirmation when your authorization is processed.

If you have more than one membership with the Public School and Education Employee Retirement Systems of Missouri (PSRS/PEERS), you must submit a separate *Direct Deposit Authorization Form* for each membership. This authorization applies only to benefits you are eligible to receive or are already receiving from your PEERS membership with the Account ID number shown in Section A below. If you have questions, please call our office.

SECTION A BENEFIT RECIPIENT INFORMATION

First Name	Middle Name	Last Name

Account ID (or Last Four Digits of Your Social Security Number)	Member ID	Telephone

Mailing Address	City	State	ZIP

Email Address

SECTION B BANK/FINANCIAL ACCOUNT INFORMATION

Name(s) Listed on Account

Type of Account (select one)

☐ Checking Account (**attach voided check**)	Routing Number on Account (See page 2)	Account Number
☐ Savings Account (**attach voided deposit slip**)	Routing Number on Account	Account Number

Is the account above a revocable trust account? ☐ Yes ☐ No **If yes, attach a copy of the trust. Irrevocable trusts cannot be accepted.**

SECTION C BANK/FINANCIAL INSTITUTION INFORMATION

Name of Bank/Financial Institution	Telephone

Mailing Address	City	State	ZIP

SECTION D BENEFIT RECIPIENT CERTIFICATION AND AUTHORIZATION

I hereby appoint the bank/financial institution designated above as my agent to receive and collect the amount payable to me from PEERS for the purpose of making an electronic funds transfer to my account in that institution. This authorization is not an assignment of my rights to receive such payment. I certify that my name, or the name of my revocable trust is on the account listed, and I have direct access to the funds held in my account in the financial institution. This authorization is to remain in full force and effect until PEERS has received notification from me of its termination or revocation in such time and in such manner as to afford PEERS and the financial institution a reasonable opportunity to act on it. I understand that my authorization cannot be revoked by contacting the financial institution. I also permit the release by the bank or financial institution of my current address, names and current addresses of all persons listed on the account, and names and current addresses of all beneficiaries on the account, including, but not limited to those listed as "payable on death" or "transfer on death" to PEERS.

Digital Signatures Not Accepted – Original (Written) Signature Required	Date
X	

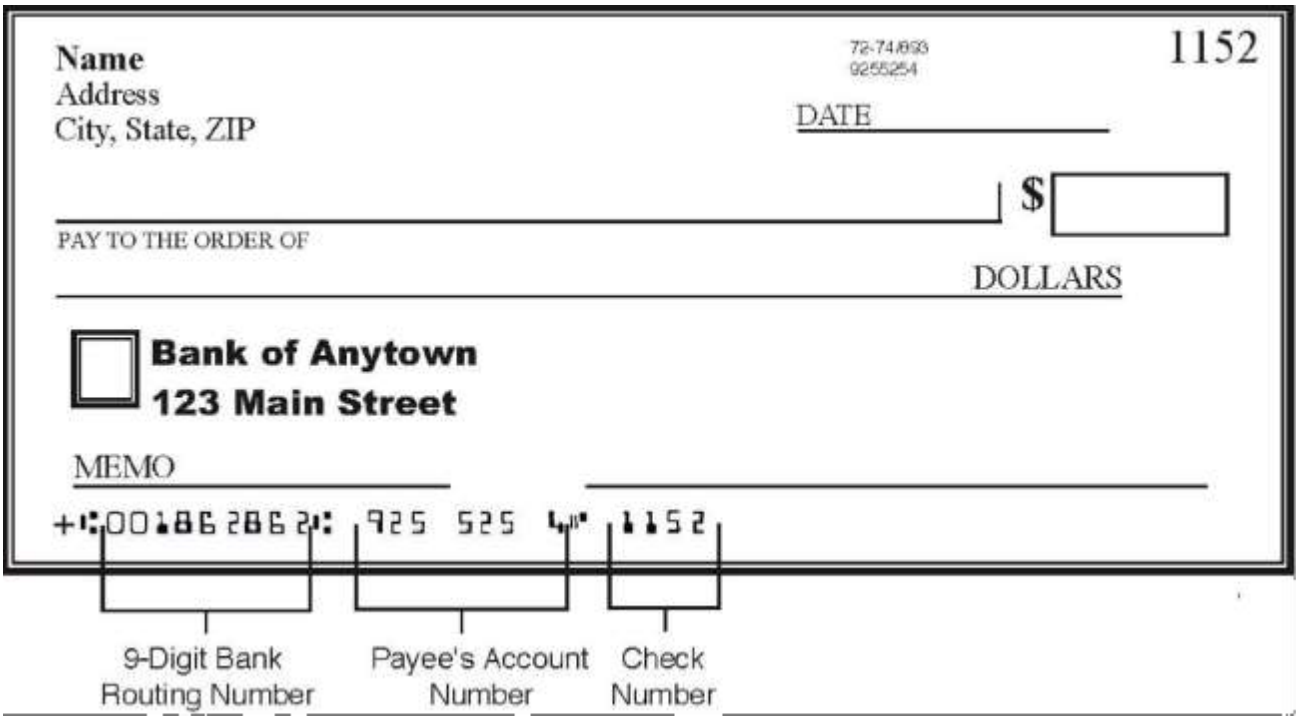
DIRECT DEPOSIT AUTHORIZATION

HOW TO FIND YOUR BANK ROUTING NUMBER AND ACCOUNT NUMBER

Your request cannot be processed **without confirmation of the routing number of your bank/financial institution and your account number, which are printed on your check.**

The sample check below shows where to locate the required bank information to complete your ***Direct Deposit Authorization*** form.

Sample Check



NOTE: Check styles may vary in the placement of routing and account numbers. Please check with your bank if you need clarification.

PSRS/PEERS
PUBLIC SCHOOL & EDUCATION EMPLOYEE
RETIREMENT SYSTEMS OF MISSOURI

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Completing IRS Form W-4P
Frequently Asked Questions

Q: Where can I find IRS Form W-4P?
A: You can download IRS Form W-4P at www.irs.gov/forms-pubs/about-form-w-4-p. We cannot include the form in this online packet because the IRS does not allow us to merge their forms with ours.

Q: When do I need to submit IRS Form W-4P?
A: Submit IRS Form W-4P when:

- You apply for monthly benefits from PSRS/PEERS, or
- You want to change how much federal tax PSRS/PEERS withholds from your monthly benefits.

Q: What happens if I don't submit IRS Form W-4P?
A: It depends on whether you are applying for the first time or already receive benefits:

- If you're applying for monthly benefits for the first time and you don't submit Form W-4P: The IRS requires PSRS/PEERS to withhold federal income tax as if your filing status is single with no adjustments.
- If you already receive monthly benefits: Your current withholding election (or your default rate) stays the same until you submit a new IRS Form W-4P.

Q: Can I choose not to have federal income tax withheld?
A: If you are a U.S. citizen or resident alien and payments will be delivered within the U.S., you may elect no federal withholding. Federal withholding is generally required on payments delivered outside of the U.S. and to nonresident aliens.

Q: How do I know if I should have federal income tax withheld from my monthly benefits?
A: That depends on your personal financial situation. We recommend:

- Reviewing the instructions on Form W-4P,
- Using the IRS Tax Withholding Estimator at www.irs.gov/W4App, and/or
- Consulting a tax professional.

Q: Does Form W-4P apply to lump-sum payments?
A: No. Lump-sum or rollover distributions use Form W-4R, not W-4P.

Q: How do I request Missouri state income tax withholding from my monthly benefits?
A: Missouri withholding is voluntary and requires a separate form. To have Missouri tax withheld from your monthly benefits, submit the PSRS/PEERS ***Missouri Tax Withholding Authorization for Monthly Benefits*** form.

Q: What happens if I don't submit a Missouri withholding form?
A: PSRS/PEERS will not withhold Missouri state income tax unless you submit the Missouri form.

Q: How often can I change my withholding?
A: You can update your federal or Missouri withholding at any time by submitting the appropriate form.

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MISSOURI TAX WITHHOLDING AUTHORIZATION FOR MONTHLY BENEFITS

- **See page 2 for instructions and information about this authorization form.**
- Return completed authorization form to the Public Education Employee Retirement System of Missouri (PEERS) at the address above.
- Please keep a copy of this form for your records.

SECTION A – BENEFIT RECIPIENT INFORMATION

First Name	Middle Name	Last Name

Account ID (or Last Four Digits of Your Social Security Number)	Member ID

Mailing Address

City	County	State	ZIP

Telephone ( )	Email Address

SECTION B – MISSOURI TAX WITHHOLDING

Instructions: Complete only one choice below. NOTE: PEERS cannot withhold income taxes for states other than Missouri. For help determining a withholding amount, visit the Missouri Department of Revenue's website, **https://mytax.mo.gov/rptp/portal/home/withholding-calculator.**

☐ **Choice 1: No Missouri Tax Withholding**
I do **not** want PEERS to deduct Missouri income tax from my monthly benefits. This choice does **not** relieve me of any tax liability.

☐ **Choice 2: Missouri Tax Withholding in a Specified Amount**
I want PEERS to withhold a specified even dollar amount of $_____from each monthly benefit. **(The minimum withholding amount is $10.)**

Effective Date:
If your authorization is received by the 15th of the month, it will be processed for the payment issued on the last working day of that month.
If you want the change made at a later date, please indicate the date here:_____.

SECTION C – BENEFIT RECIPIENT AUTHORIZATION

Signature **(REQUIRED)** **X**	Date

MISSOURI TAX WITHHOLDING AUTHORIZATION FOR MONTHLY BENEFITS

Use this ***Missouri Tax Withholding Authorization*** form to authorize the Public Education Employee Retirement System of Missouri (PEERS) to withhold Missouri income tax from the taxable portion of your monthly benefits. Please note the following:

- Once you file an authorization, it remains in effect until you file another. However, if you move out of state, your Missouri tax withholding will automatically stop. You can start, stop or change withholding using this form or Missouri form W-4P.

- If your authorization is received by the 15th of the month, it will be processed for the payment issued on the last working day of that month. If you desire the change to be made at a later date, please indicate the effective date on this form.

- We cannot withhold Missouri income tax unless you reside within the state of Missouri and send to PEERS either a Missouri form W-4P or a PEERS form authorizing such withholding.

PEERS is not attempting to advise you that you should or should not have income tax withheld from your benefits. That decision is yours. We are furnishing this tax information merely to meet the requirements of the law. If tax withholding or your estimated tax payments are not sufficient to meet your tax liability, you may be subject to penalties and interest charges in addition to your tax obligation.

Individuals receiving Social Security benefits, Social Security disability benefits or benefits from a public retirement system (such as PEERS) are allowed to deduct some or all of those benefits from their adjusted gross income for Missouri tax purposes. Individuals must have an adjusted gross income of $85,000 or less if single or $100,000 or less if married and filing jointly to qualify for the maximum deduction.

Social Security recipients can deduct their entire benefit, per adjusted gross income level restrictions. Individuals receiving a retirement benefit from a public plan, including PEERS, are allowed to deduct up to the maximum Social Security benefit available for that tax year. The maximum Social Security benefit available is adjusted for inflation every year at the federal level. Those individuals who receive both Social Security benefits and PEERS benefits will deduct their entire Social Security benefit first, then as much of their PEERS benefit until they reach the maximum deduction.

Visit the Missouri Department of Revenue website **http://www.dor.mo.gov** or call **(573) 751-3505** for more information.

If you have any questions about completing the ***Missouri Tax Withholding Authorization*** form, we recommend speaking with a PEERS representative by calling **(800) 392-6848**. However, any questions about Missouri income taxes or your tax liability should be directed to the Missouri Department of Revenue, or your tax consultant.