

APPLICATION FOR SERVICE RETIREMENT



RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (800) 767-2308 • Fax: (517) 703-9706

READ INSTRUCTIONS ON PAGE 2 BEFORE COMPLETING.
 APPLICANT MUST ENCLOSE PROOF OF BIRTH DATE.*

PLEASE TYPE OR PRINT

Name (Last, First, Middle)		Social Security No. (last 4 digits only) -		Date of Birth (MM/DD/YYYY)	
Street Address		City		State	Zip Code
Municipality Name City of Escanaba		Municipality No. 2101	Department	Benefit Coverage	Last Day Worked or Paid For (MM/DD/YYYY)

I am a member of the Municipal Employees' Retirement System and with this application apply for retirement from service. MERS will provide me with an estimate of benefits to be paid. At that time, I will indicate upon an Election of Retirement Option form furnished to me the manner in which I wish to receive my retirement allowance.
I understand that my retirement allowance will begin on my effective date of retirement and will not be retroactive to, or payable from, any other date. My effective date of retirement is the later of: (1) the first day of the next calendar month following the date that I terminate employment; or, (2) the first day of the next calendar month following MERS' receipt of this application.

I terminated (or will terminate) employment on _____, _____.

Date: _____

Signature of Member

* If your current name is different than the last name on your birth certificate, please provide a copy of marriage certificate or court order changing name.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodations.

**INSTRUCTIONS FOR
APPLICATION FOR SERVICE RETIREMENT**

Your Personnel office will assist you in completing this application. Various types of documentary evidence are acceptable to the Municipal Employees' Retirement System as proof of birth date. Any one of Group I is sufficient.

GROUP I

1. Copy of birth certificate.
*If your current last name is different than the last name on your birth certificate, please provide a copy of marriage certificate or court order changing name.
2. Delayed registration of birth established by the Probate Court.
3. Infant baptismal certificate or certified copy.
4. Copy of current U.S. passport.
5. Verification of birth date by the Social Security Administration.

If you cannot supply any of Group I, you should provide any two of Group II.

GROUP II

6. School age record or certified copy.
7. Military service record or certified copy.
8. Marriage record if it shows date of birth.
9. Naturalization certificate of member or of parent if member's age is stated on the certificate.
10. Transcript of record from the United States Bureau of Census.
11. Certified copy of the family record in Bible.

ELECTION OF RETIREMENT ALLOWANCE OPTION



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INSTRUCTIONS: The MERS Plan Document requires selection of an option and signature of spouse before payment of benefits. **THIS COMPLETED FORM IS TO BE ON FILE IN THE MERS OFFICE PRIOR TO THE DATE YOUR FIRST RETIREMENT ALLOWANCE PAYMENT IS MADE.** No retirement benefits will be issued until this form is filed. **ATTACH A COPY OF YOUR BIRTH CERTIFICATE OR OTHER PROOF OF DATE OF BIRTH. If you have any questions, please contact MERS at 1-800-767-2308.**

Employee Name (Last, First, Middle)		Municipality No. 2101	Social Security No. (last 4 digits only) -	
<p>YOUR CHOICE OF OPTION IS FINAL AND CANNOT BE CHANGED AFTER THE DATE THE FIRST RETIREMENT ALLOWANCE PAYMENT IS MADE. A complete explanation of the options is printed on the reverse side of this form. Your signature confirms your acknowledgment of the option you select. Check ONE box below (for Option IV, a total of two boxes).</p>				
<input type="checkbox"/> Regular - Straight Life	<input type="checkbox"/> Option III - Life - 50% to Survivor			
<input type="checkbox"/> Option II - Life - 100% to Survivor	<input type="checkbox"/> Option IV - Life With Period Certain Guarantee of:			
<input type="checkbox"/> Option IIA - Life - 75% to Survivor	<input type="checkbox"/> 5 years	<input type="checkbox"/> 10 years		
	<input type="checkbox"/> 15 years	<input type="checkbox"/> 20 years		
<p>BENEFICIARY DESIGNATION (complete regardless of option choice): This designation supersedes all previous beneficiary designations. If you are married, your spouse (at the time your retirement allowance begins) is automatically your beneficiary. You must elect Option II, IIA, or III, and designate your spouse survivor beneficiary UNLESS your spouse agrees in writing to your election of Regular or Option IV, or to the relinquishment ("giving up") of beneficiary rights under Option II, IIA, or III, in favor of another person with an insurable interest in your life. Examples of individuals with an "insurable interest" include immediate family members (a child, grandchild, sibling, parent, or grandparent) or persons with whom you have purchased property in joint tenancy. If your beneficiary is not your spouse or other immediate family member, attach the Affidavit of Insurable Interest form (available at www.mersofmich.com). If you choose Option II, IIA, or III, attach a copy of the beneficiary's birth certificate or other proof of birth date. If your beneficiary is your spouse, also attach a copy of your marriage license.</p>				
Beneficiary Name (Last, First, Middle)		Relationship to Employee		
Beneficiary Social Security No. * (full 9-digit number)	Date of Birth (MM,DD,YYYY)	Home Phone No.		
Beneficiary Street Address		City	State	Zip Code

SIGNATURES:
 I have chosen Option _____ as shown above, and fully understand the provisions of that option and fully understand that my choice is final and irrevocable after receipt of my first allowance payment. On the line for signature of spouse, write **NONE** if you are not married as of your retirement allowance effective date.

Signature of Retiring Employee	Date
▶▶ Signature of Spouse (Required if married and spouse is relinquishing benefits)	Date

▶▶ I have read this form and fully understand the retirement allowance option elected by my spouse. By my signature, if I am not named as beneficiary under Option II, IIA, or III, then I relinquish ("give up") my automatic right to survivor benefits. I agree with my spouse's selection of the Regular or Option IV allowance, or that the individual named above shall be beneficiary instead of me.

SEE PAGE 2 FOR EXPLANATION OF OPTIONS

*Protected information required for tax and actuarial purposes.

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EXPLANATION OF OPTIONS

(Plan Document, Sections 23(2) and (8))

REGULAR - STRAIGHT LIFE

This is paid to you so long as you live and ends with your death. There are no survivor benefits. If you die before the total of the retirement allowance you have received equals the accumulated contributions standing to your credit at the time of your retirement, the difference between your accumulated contributions and the total amount of retirement allowance you have received shall be paid in a single sum to your beneficiary. (Generally, an accumulated contributions balance remains for approximately 2-3 years after retirement.) **If you have employee contributions, you must name a beneficiary to receive any remaining contributions upon your death. If you are covered by RS50% under Plan Section 23A, when you die your "surviving spouse" will receive one-half of the regular amount you were receiving for life.**

OPTION II - LIFE - 100% TO SURVIVOR

The joint and last survivorship allowance provides that a reduced retirement allowance will be paid to you so long as you live. When you die, the same amount will be paid in monthly installments to your beneficiary (designated by you at the time of your retirement) so long as he or she lives. In the event the beneficiary predeceases the retirant, upon notification to MERS office of the beneficiary's death, the retirement allowance will revert to Regular-Straight Life (a new beneficiary may not be selected).

OPTION IIA - LIFE - 75% TO SURVIVOR

The joint and last survivorship allowance provides that a reduced retirement allowance will be paid to you so long as you live. When you die, seventy-five percent of the amount will be paid in monthly installments to your beneficiary (designated by you at the time of your retirement) so long as he or she lives. In the event the beneficiary predeceases the retirant, upon notification to MERS of the beneficiary's death, the retirement allowance will revert to Regular-Straight Life (a new beneficiary may not be selected).

OPTION III - LIFE - 50% TO SURVIVOR

The modified joint and last survivorship allowance provides that a reduced retirement allowance will be paid to you so long as you live. When you die, one half the amount of the allowance will be paid in monthly installments to your beneficiary (designated by you at the time of your retirement) so long as he or she lives. In the event the beneficiary predeceases the retirant, upon notification to MERS office of the beneficiary's death, the retirement allowance will revert to Regular-Straight Life (a new beneficiary may not be selected).

OPTION IV - LIFE WITH PERIOD CERTAIN GUARANTEE

This option provides you with a reduced retirement allowance for life together with a temporary period of survivor benefits. You elect a "period certain guarantee" of 5, 10, 15, or 20 years (the number of years elected may not exceed your life expectancy). If you die before the expiration of the period-certain, MERS will continue paying your retirement allowance to your survivor beneficiary for the balance of the period. For example, if you elect the 10-year period, and die after 8 years, your beneficiary will receive your monthly benefit for the remaining 2 years. If you live beyond the period-certain, you will continue receiving your same retirement allowance, but there are no survivor benefits. The longer the guarantee period, the more your retirement allowance is reduced. Option IV is the only payment option that allows you to name more than one survivor beneficiary. You may also change your Option IV beneficiary(ies) at any time by completing and submitting the Option IV Beneficiary Change Request form (MERS Form 41).

**EMPLOYER'S CERTIFICATION OF TERMINATION OF
EMPLOYMENT FOR RETIRING MEMBER**



I certify on behalf of the employer that the following employee will meet the requirements of a bona fide termination of employment and the employer/employee relationship will be completely severed, in accordance with the MERS Plan Document, Article III, Section 31 (see page 2), which I have read, and the Internal Revenue Code.

Municipality Name City of Escanaba			Municipality No. 2101
Name of Employee (Last, First, Middle)			Date of Birth (MM/DD/YYYY)
Street Address			Social Security No. (last 4 digits only) -
City	State	Zip Code	Last Day Worked or Paid For (MM/DD/YYYY)

Date: _____

Signature of Authorized Representative

Printed Name and Title of Authorized Representative

Date: _____

Signature of Member

RETURN COMPLETED PAGE TO:
Municipal Employees' Retirement System of Michigan
1134 Municipal Way
Lansing, MI 48917
Phone: (800) 767-2308 • Fax: (517) 703-9706

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PLAN DOCUMENT

ARTICLE III. RETIREMENT REQUIREMENTS AND BENEFIT PROGRAM.

Sec. 31. Employment by Participating Municipality or Court; Special Conditions.

The following special conditions shall apply if a retirant becomes employed by a participating municipality or participating court:

- (1) If a retirant becomes employed by the participating municipality or participating court from which the person retired, the retirant shall not be a member during the period of employment.
- (2) Payment of the retirant's retirement benefit shall continue, without change in amount or conditions by reason of the employment, if the retirant becomes employed by a participating municipality or participating court other than the participating municipality or participating court from which the retirant retired. The retirant shall be considered, for the purposes of membership and potential benefit entitlement, in the same manner as an individual with no previous record of employment by a participating municipality or participating court.

History: 1992 PA 63, Eff. May 22, 1992, and Plan Document of 1996.

Note 1: Bold text in subsection (1) reflects Board action of August 9, 2001, effective January 1, 2002. The prior earnings limit (effective January 1, 1998) was \$10,000 until age 70. The 2001 amendment increased the earnings limit to \$15,000, and decreased the age limit to age 65.

Note 2: On May 12, 2004, the Board repealed (with immediate effect) the former annual earnings limitation language in subsection (1). The repealed language stated that where a retiree was employed by the same participating municipality or court the person retired from, the MERS pension was suspended when annual earnings reached \$15,000 (or age 65 attained). Subsection (1) as amended reaffirms the prohibition against MERS membership.

Important Comment: As a continuing condition of MERS tax-qualified "governmental plan" status under Section 401(a) of the Internal Revenue Code, MERS Plan Document Section 55(1) provides: "The Retirement Board intends that the retirement system be a qualified pension plan under section 401 of the Internal Revenue Code and that the trust be an exempt organization under section 501 of the Internal Revenue Code. The Retirement Board shall administer the retirement system to fulfill this intent." A retirant is a person who has had a "bona fide termination of employment in which the employer/employee relationship is *completely severed*" (IRS Information Letter 2000-0245 (September 6, 2000); Revenue Ruling 74-254, 1974-1 CB 91); and where the person is currently receiving an accrued pension benefit payment immediately. Accordingly, to clearly show "complete severance," the employer should establish a minimum period following termination of employment of not less than 30 days before any formal actions necessary for new employment occur. Where there has been a bona fide severance of employment for at least 30 days, payment of a pension benefit during new employment is consistent with Plan Section 55(1). Where there is no bona fide termination of employment of at least 30 days before hiring, payment of a pension benefit would not be consistent with Section 55(1), could imperil MERS qualified plan status, and the rehired individual's receipt of benefits while reemployed subject to suspension by MERS. See also Michigan Attorney General Opinion #7167 (December 29, 2004). Source: MERS Legal Department February 2, 2005.

ELECTRONIC FUNDS TRANSFER APPLICATION



IT IS SUGGESTED THAT YOU RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

RETURN
COMPLETED
PAGES 1
AND 2 TO:



Municipal Employees' Retirement System of Michigan
1134 Municipal Way
Lansing, MI 48917
Phone: (800) 767-2308 • Fax: (517) 703-9706 Active
• Fax: (517) 703-9713 Retiree

SECTION A: To be completed by Applicant (Please Type or Print)				
Name (Last, First, Middle)		Social Security No. (last 4 digits only) -	Type of Application (select ONE only) <input type="checkbox"/> NEW <input type="checkbox"/> CHANGE	
Street Address	City	State	Zip Code	<input type="checkbox"/> Check this box if this is a new address*
Home Phone No.	If you have had multiple MERS-participating employers, please list each:	Municipality and/or Municipality No.		
E-mail address		Municipality and/or Municipality No.		
		Municipality and/or Municipality No.		

Authorization

» I authorize MERS to deposit my net monthly pension by electronic transfer into the designated financial institution(s) and account(s). I understand this authorization remains in effect until changed (for example, to another account or financial institution), cancelled by reason of my death or legal incapacity, or cancelled by the financial institution or MERS.

» I authorize MERS to recover money electronically deposited in my account in error, either by adjusting the account or withholding any future payments. I understand I will be notified in writing by MERS if adjustments are being made. I have notified any joint account holder(s) of the obligations to repay any overpayment to this account after my death if the overpayment is not repaid by the financial institution.

» I agree to comply with the State of Michigan rules concerning electronic funds transfers. Michigan law governs electronic funds transaction in all respects except as otherwise superseded by federal law. I understand that I will be notified of any rule changes that affect my direct deposit.

→ _____ Date: _____

Applicant Signature

Notes and Instructions

Direct deposit of your monthly pension is available through electronic funds transfer (EFT). EFT eliminates mail delay and theft problems because no paper check is mailed. Your money will be available to you the same day the pension is payable. There is no fee for the EFT services so the amount of your monthly pension will not be affected. To use the service, your financial institution must be located in the United States or its territories. (If you are living in a foreign country and do not have an account with a US financial institution, contact MERS.) **EFT is mandatory for all members.**

To change your financial institution, account number, or type of account, complete an EFT application indicating CHANGE under "Type of Application" (see Section A above). When changing financial institutions, **DO NOT** close your old account until after you confirm that your pension has been deposited in the new account. Notify your financial institution whenever you make any changes to your EFT.

Complete Section A, then forward the application to your financial institution to complete **Section B**. Return both pages of the completed application to the address shown at the top of this page either by mail or fax.

*If you have had a change of address, please indicate so by checking the box in Section A.

ELECTRONIC FUNDS TRANSFER APPLICATION (page 2)

Name (Last, First, Middle)	Social Security No. (last 4 digits only) -
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SECTION A (CONTINUED): To be completed by Applicant (Please Type or Print)

Is/are the account(s) you are designating to receive your EFT funds jointly held account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete the following:			
1. Joint account holder name	Social Security No. (last 4 digits only)-	2. Joint account holder name	Social Security No. (last 4 digits only)-
Address		Address	
Joint account holder signature	Date	Joint account holder signature	Date

SECTION B: To be completed only by your Financial Institution(s) (Please Type or Print)

I. ONE institution - - in one or two accounts			
Name of Financial Institution			Telephone No.
Routing Transit No. _____	Account No.	Type of Account (select ONE only) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Amount of Deposit <input type="checkbox"/> All <input type="checkbox"/> Partial = \$ _____
Routing Transit No. _____	Account No.	Type of Account (select ONE only) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Amount of Deposit <input type="checkbox"/> Partial = \$ _____ <input type="checkbox"/> Balance
I confirm the identity of this applicant and certify that this account number and the routing transit number are accurate to facilitate an electronic funds transfer. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the net monthly pension of this applicant.			
Print or Type Name of Representative and Title		Representative's Signature	Date

OR MERS has the ability to split your net monthly pension payment into a maximum of two accounts.
 If you wish to split your monthly pension among two separate institutions, complete Section B.II. below.

II. TWO separate institutions - - in one account at each institution			
1) Name of Financial Institution			Telephone No.
Routing Transit No. _____	Account No.	Type of Account (select ONE only) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Amount of Deposit <input type="checkbox"/> Partial = \$ _____ <input type="checkbox"/> Balance
I confirm the identity of this applicant and certify that this account number and the routing transit number are accurate to facilitate an electronic funds transfer. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the net monthly pension of this applicant.			
Print or Type Name of Representative and Title		Representative's Signature	Date

2) Name of Financial Institution			Telephone No.
Routing Transit No. _____	Account No.	Type of Account (select ONE only) <input type="checkbox"/> Savings <input type="checkbox"/> Checking	Amount of Deposit <input type="checkbox"/> Partial = \$ _____ <input type="checkbox"/> Balance
I confirm the identity of this applicant and certify that this account number and the routing transit number are accurate to facilitate an electronic funds transfer. As a representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the net monthly pension of this applicant.			
Print or Type Name of Representative and Title		Representative's Signature	Date

**PENSION RECIPIENT'S FEDERAL INCOME TAX
WITHHOLDING AUTHORIZATION**



RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (800) 767-2308 • Fax: (517) 703-9706 Active
 Fax: (517) 703-9713 Retiree

Municipality City of Escnaba			Municipality No. 2101	
Member's Name (Last, First, Middle)				Social Security No. (last 4 digits only) -
Street Address or P.O. Box	City	State	Zip Code	Telephone No.

Check Box if New Address

CHECK ONE OF THE BOXES BELOW AND
RETURN THIS COMPLETED AUTHORIZATION IMMEDIATELY.

CHECK ONLY ONE BOX – A, B, OR C

- A. Do not deduct any federal withholding from my retirement check.
- B. I authorize a standard deduction from my retirement check based on federal tax tables for the following exemptions:
 - Married No. of Exemptions _____
 - Single No. of Exemptions _____
- C. I authorize a total monthly deduction from my **taxable** gross benefits for the following percentage: _____%. **(If you have a flat dollar amount you would like withheld, divide this amount by your taxable gross benefits to determine the percentage. NOTE: Your taxable gross benefits may be different than your total gross benefits. You may determine the amount to be withheld by completing the Personal Allowances Worksheet in IRS Form W-4P, Withholding Certificate for Pension or Annuity Payments).**

I want my withholding to begin in the month of: _____.

Member's Signature	Date
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The Tax Reform Act of 1986 established a requirement that withholding and/or estimated tax payments must approximate 90 percent of your tax liability to escape penalty. Also, the added personal exemption for those age 65 or over has been eliminated. For these reasons you may wish to review and possibly change the withholding from your retirement allowance.

If there is not enough federal income tax withheld from your retirement allowance, you may be required to file quarterly estimated income tax payments or pay a penalty imposed by the Internal Revenue Service. Therefore, if your circumstances have changed, you should file a new withholding authorization.

IF YOUR MONTHLY RETIREMENT BENEFIT IS LESS THAN \$2,080.00 (based on IRS information as of the date of this form), WE CANNOT WITHHOLD ANY TAXES UNLESS YOU REQUEST IT ON THIS FORM. IF YOUR MONTHLY BENEFIT IS OVER \$2,080.00, WE MUST WITHHOLD ON THE BASIS OF MARRIED WITH 3 ALLOWANCES UNLESS YOU REQUEST OTHERWISE ON THIS FORM.