

INSTRUCTIONS FOR COMPLETION OF APPLICATION

IMPORTANT: Read the following instructions and information carefully before filling out this form.

1. **If you are married at the time of your retirement**, you must designate your spouse as your sole beneficiary. With your spouse as your sole designated beneficiary your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon your death, your surviving spouse would be paid fifty percent (50%) of your retirement allowance.
DO NOT complete the Retirement Allowance Options section on the second page of the application.
2. **If you are not married at the time of your retirement, but have at least one child under the age of 26**, you must designate your child or children under age 26 as your beneficiary or beneficiaries. With your child or children under age 26 as your beneficiary or beneficiaries, your retirement allowance will be paid as the Basic Allowance (50% Survivor Option). Upon you death, fifty percent (50%) of your retirement allowance will be divided equally to your child or children under age 26, until all have reached age 26.
DO NOT complete the Retirement Allowance Options section on the second page of the application.
3. **If you are not married at the time of your retirement and have no children under the age of 26**, you may designate one or multiple beneficiaries, and you must select one of the Retirement Allowance Options on the second page of the application.
If you designate only one beneficiary, you may select any of the Retirement Allowance Options on the second page of the application. Please carefully read the descriptions of each Retirement Allowance Option.
If you designate more than one beneficiary, you may select only Option 1 or Option 4 of the Retirement Allowance Options. Please carefully read the descriptions of each Retirement Allowance Option.
To designate multiple beneficiaries, complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).
4. **For all retirees**, if you marry or remarry after retirement, any designation of beneficiary other than your spouse is void, and your spouse is automatically entitled to the survivor monthly allowance due under the Basic Allowance (50% Survivor Option).
5. Please complete this form by printing in ink.
6. Sign this form in the presence of a Notary Public. This form must be notarized.
7. Submit completed forms to the Maryland State Retirement Agency at 120 East Baltimore Street, Baltimore, Maryland 21202.
8. In addition to this *Judges' Retirement System Application for Service Retirement* form, you should also complete and submit to the Retirement Agency a *Direct Deposit – Electronic Funds Transfer Sign-Up* (Form 85) to authorize the direct deposit of your monthly allowance into your bank account, and a *Federal and Maryland State Tax Withholding Request* (Form 766) to designate the federal and Maryland State taxes you want deducted from your monthly allowance. Both of these forms are available for download from our website at sra.maryland.gov.
9. If you need help to complete this form, or need information on your retirement benefits or the retirement process, please contact a Retirement Benefits Specialist at 410-625-5555 or 1-800-492-5909.

Judges' Retirement System Application for Service Retirement

APPLICANT'S SOCIAL SECURITY NUMBER GENDER DATE OF BIRTH
 - - M or F - -
 APPLICANT'S NAME Month Day Year
 Initial Last

HOME ADDRESS

 Number and Street

State ZIP Code -
 City

Home email address: _____

I request that my retirement allowance be effective on: - -
Month Day Year

Last judicial position held: _____ Home telephone number: _____

BASIC ALLOWANCE (SEE PAGE 2 FOR OPTIONAL ALLOWANCES)

In accordance with the provisions of the State Personnel and Pension Article, §27-402. I elect to receive a pension from the Judges' Retirement System. I understand that I shall receive the retirement allowance provided by law for my lifetime. At my death, my surviving spouse shall receive one-half of the monthly benefit for his or her lifetime. If there is no surviving spouse at time of my death, my children under the age of 26 shall receive the retirement allowance that would have been paid to a surviving spouse (If more than one child, retirement allowance is divided equally). If there is no surviving spouse or children under age 26 at my death, the allowance ceases and my estate will receive one monthly payment if my death occurs on the 16th of the month or later. If I marry or remarry following retirement, my new spouse becomes eligible for the continuing monthly benefit provided under the basic allowance.

SPOUSE'S NAME
 Initial Last
 First

SPOUSE'S SOCIAL SECURITY NUMBER **GENDER** **DATE OF BIRTH**
 - - M or F - -
Month Day Year

CHILDREN UNDER AGE 26:
 _____ **DATE OF BIRTH** **GENDER**
 - - M or F
Month Day Year

CHILDREN UNDER AGE 26:
 _____ **DATE OF BIRTH** **GENDER**
 - - M or F
Month Day Year

I hereby apply to retire from the Maryland State Retirement and Pension System ("SRPS") and by signing below I confirm that:

- REGARDING PAYMENT OF MY RETIREMENT BENEFIT.** I authorize the Board of Trustees of the SRPS ("Board") to pay to me and my properly designated beneficiary or beneficiaries, according to the retirement allowance option I have chosen and my Designation of Beneficiary in this application. I agree on behalf of myself and my heirs and assigns, that payment so made shall be a complete discharge of the claim and shall constitute a release of the Board and SRPS from any further obligation concerning the benefit. I hereby direct that if each of my designated beneficiaries dies before me, the amount payable shall become a part of and be paid to my estate, or to the beneficiary or beneficiaries I properly designate hereafter in accordance with the rules and regulations adopted by the Board.
- REGARDING EACH OF MY BENEFICIARIES.** I want the designation of beneficiary in this application to take effect (check only one box):
 Immediately Only upon the effective date of my retirement
I understand that if I check neither box or both boxes, then the designation of beneficiary in this application will become effective immediately and will replace all prior designation of beneficiary forms.
- REGARDING DEDUCTIONS FROM MY ALLOWANCE.** If I elect to have any premiums, dues, or other expenses deducted from my allowance, I hereby authorize the Maryland State Retirement Agency to exchange my Personal Information (including but not limited to my name, Social Security number and the amount of the deductions) with the third party or parties receiving those premiums, dues, or other expenses.

Signature _____ Date _____

This form must be signed and notarized in order to be valid.

State of _____ County of _____ (or City of Baltimore)
 On this _____ day of _____, 20 _____, before me, the undersigned
 officer, personally appeared _____, known to me
Official Seal must be affixed

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED *

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.
 Signature of Notary Public _____
 Printed Name of Notary Public _____ My Commission Expires _____

*** IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.**

RETIREMENT ALLOWANCE OPTIONS

Optional Allowance - Reduced Benefit

Complete this section only if (1) you do not have a spouse or children under age 26 and (2) you elect not to accept the basic retirement allowance. You may designate one beneficiary to receive an allowance under Option 2, 3, 4, 5, or 6. You may designate one or more beneficiaries to receive the Option 1 retirement allowance in equal shares. Selection of an optional retirement allowance provides a reduced benefit for you for your lifetime. Please note that your choice of option and beneficiary/ies is irrevocable. Indicate your selection by signing the appropriate box below. If you elected an optional allowance, you also must complete the *Judges' Retirement System Designation of Beneficiary* (Form 4.1).

OPTION 1:

Guarantees monthly payments that equal the total of your retirement benefit's Present Value. The Present Value of your benefit is figured at the time of your retirement, based on life expectancy statistics. If you die before receiving monthly payments that add up to the Present Value, the remaining payments will be paid in a lump sum to your designated beneficiary or beneficiaries who remain alive.

SIGNATURE _____ DATE _____

OPTION 2:

Guarantees that after your death the same monthly benefit will continue to be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 2 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 3:

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____

OPTION 4:

Guarantees the return of your accumulated contributions and interest as established when you retire. If you die before you have recovered the full amount of your accumulated contributions and interest the remainder will be paid in a lump sum to your designated beneficiary who remains alive.

SIGNATURE _____ DATE _____

OPTION 5:

Guarantees that after your death the same monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the death of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application. Retirees electing Option 5 cannot designate a beneficiary who is more than 10 years younger unless the beneficiary is the retiree's spouse or disabled child.

SIGNATURE _____ DATE _____

OPTION 6:

Guarantees that after your death one half of the monthly benefit paid to you will be paid to your surviving beneficiary for his or her lifetime. It also provides that your monthly benefit will "pop-up" to the Basic Allowance for your lifetime if your beneficiary dies before you. No further payments will be made after the deaths of you and your beneficiary. If you choose this option, you must send proof of your beneficiary's date of birth with this application.

SIGNATURE _____ DATE _____