



# Missouri Sheriffs' Retirement System

1739 Elm Court, Suite 202 • P.O. Box 105257 • Jefferson City, MO 65110-5257

## APPLICATION FOR RETIREMENT BENEFITS

By completion and submission of sections A through D to the Missouri Sheriffs' Retirement System by no more than 90 days and not less than 30 days preceding retirement date, I hereby apply for any benefits to which I may be eligible under the statutes provided for the Sheriffs' Retirement System. PLEASE PRINT OR TYPE.

<b>SECTION A:</b>		Member/Retiree Information:			
LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	HOME TELEPHONE	
HOME ADDRESS		CITY	STATE	ZIP CODE	HOME E-MAIL

<b>SECTION B:</b>		Retirement Elections: RETIREMENT DATE: _____		
RETIREMENT ELECTION OPTIONS: Elect Only <u>ONE</u> of the three Options:				
1. <input type="checkbox"/>	<b>NORMAL ANNUITY</b>	I elect to receive a monthly benefit of \$ _____ to be paid to me during my lifetime. Upon my death, I understand that no further benefits will be paid.		
2. <input type="checkbox"/>	<b>JOINT &amp; SURVIVOR</b>	I elect to receive an actuarially reduced monthly benefit for my lifetime. Upon my death, a portion of my annuity will be paid throughout my spouse's lifetime. For Joint & Survivor, I would like to elect the following continuance:		
		<u>Retiree Receives:</u>	<u>Upon Retiree's Death Spouse Will Receive:</u>	
		<input type="checkbox"/> 100% Continuance      \$ _____	\$ _____	
		<input type="checkbox"/> 75% Continuance      \$ _____	\$ _____	
		<input type="checkbox"/> 50% Continuance      \$ _____	\$ _____	
3. <input type="checkbox"/>	<b>LIFE INCOME WITH GUARANTEED PAYMENTS:</b>	I elect to receive an actuarially reduced monthly benefit for my <u>lifetime</u> . I understand that benefits are guaranteed to be paid to my beneficiary or estate for the remainder of the period (shown below) if I die within that period:		
<u>I would like to elect the following benefit:</u>				
		<input type="checkbox"/> 60 Months Guaranteed Payments of:	\$ _____	
		<input type="checkbox"/> 120 Months Guaranteed Payments of:	\$ _____	
<u>Specify Beneficiary information below for LIFE INCOME WITH GUARANTEED PAYMENTS</u> (Beneficiary may be changed during the guarantee period, by completing a Change of Beneficiary Form):				
BENEFICIARY LAST NAME		FIRST	MIDDLE	RELATIONSHIP
HOME ADDRESS		CITY	STATE	ZIP

<b>SECTION C</b> (If unmarried, write N/A in this section):		I hereby certify that at the time I completed this application, my spouse was informed of my selection and was aware of my application.			
SPOUSE LAST NAME	FIRST	MIDDLE	SOCIAL SECURITY #	BIRTH DATE	

\_\_\_\_\_  
Signature of Retiree

\_\_\_\_\_  
Printed Name of Retiree

\_\_\_\_\_  
Spouse's Signature & Date of Spouse Signature

\_\_\_\_\_  
Printed Name of Spouse

<b>SECTION D:</b>	I certify that the above information is true and correct.
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\_\_\_\_\_  
Signature of Retiree and Date of Signature

\_\_\_\_\_  
Identify the Relationship of Witness to Retiree  
(Impartial Witness cannot be a family member)

\_\_\_\_\_  
Signature of Impartial Witness and Date of Signature

\_\_\_\_\_  
Printed Name of Witness