

INSTRUCTIONS: Use this form to apply for a one-time, lump-sum payment if you are a member of the Statewide Volunteer Firefighter Defined Benefit Plan (SVF DBP) or Statewide Volunteer Firefighter Defined Contribution Plan (SVF DCP).

1. **Complete in blue or black ink.** All personal information in part A is required. Your fire chief must complete part B to verify your eligibility. If your application is incomplete, your request will be delayed or canceled.
2. **Sign the application in the presence of a notary.**
3. **Include your proof of age and any name changes.** Refer to page 3 for more information.
4. **Mail or drop off your application at our office.** Copied, faxed, or emailed applications will not be accepted.

Minnesota PERA
60 Empire Drive, Suite 200
Saint Paul, MN 55103-2088

PART A: YOUR INFORMATION

LAST NAME		FIRST NAME & MIDDLE INITIAL		PERA ID NUMBER	
STREET ADDRESS		APT/UNIT	CITY	STATE	ZIP CODE
LAST FOUR OF SSN	BIRTH DATE—MM/DD/YYYY	PRIMARY PHONE NUMBER		PERSONAL EMAIL ADDRESS	

PART B: FIRE CHIEF TO COMPLETE

The firefighter named in part A has permanently terminated all service with this fire department.

TERMINATION DATE	SERVICE ENTRY DATE	TOTAL SERVICE CREDITS EARNED (NET OF ANY LEAVE OF ABSENCE)	
		Years:	Months:
FIRE DEPARTMENT NAME	FIRE CHIEF PRINTED NAME	FIRE CHIEF SIGNATURE	

PART C: OTHER SITUATIONS

Check all situations that apply to you. Submit applicable documents with your application.

☐ **SERVICE WITH MULTIPLE MINNESOTA VOLUNTEER FIRE DEPARTMENTS**

List all Minnesota volunteer fire departments you have service with:

FIRE DEPARTMENT NAME	FIRE DEPARTMENT NAME	FIRE DEPARTMENT NAME
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To receive benefits from multiple PERA SVF pension plans, you must apply for benefits from each department separately.

If you have service with a Minnesota volunteer fire department that is not covered under the SVF Plan, you must submit a completed SVF Prior Volunteer Firefighter Service Form. This form is available on our website. If you previously submitted the SVF Prior Volunteer Firefighter Service Form, you do not need to provide another copy unless your service with that department has changed.

- ☐ **DIVORCED:** If you were awarded your entire PERA benefit in the divorce, send a copy of the *entire divorce decree*. If your PERA benefit was divided, mail the entire certified divorce decree.

CONTINUED ON NEXT PAGE

PART D: BENEFIT OR ROLLOVER OPTIONS

Choose one option below to receive your benefit payment. All payments will be mailed to you at the address provided in part A. The IRS requires you to deposit rollover checks within 60 days of the date the check was issued. If you do not choose an option below, PERA will pay you the total amount and withhold taxes.

☐ **PAYMENT:** You will receive the total amount with taxes withheld. The check will be payable to you.

☐ **ROLLOVER:** You will receive the total amount without taxes. The rollover check will be payable to your tax-qualified plan or IRA.

NAME OF COMPANY RECEIVING ROLLOVER (E.G., VANGUARD, FIDELITY, ETC.)	CHECK IF APPLICABLE ☐ This is a Roth account, which will be listed on your 1099-R.
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☐ **SPLIT PAYMENT/ROLLOVER:** You will receive a portion of the total amount as a check payable to you with taxes withheld, and the rest of the total amount as a rollover check payable to your chosen tax-qualified plan or IRA account without taxes withheld. If you do not list a tax-qualified plan or IRA, PERA will pay you the total amount and withhold taxes.

AMOUNT PAID TO YOU (WHOLE DOLLARS) \$	NAME OF COMPANY RECEIVING REMAINDER	CHECK IF APPLICABLE ☐ This is a Roth account, which will be listed on your 1099-R.
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PART E: TAX WITHHOLDING

Your benefit is subject to federal and state taxes (based on your residency). PERA can withhold state taxes for Minnesota residents. If you are not a Minnesota resident, contact your state for tax requirements.

If you do not submit tax forms with your application, PERA will withhold the default tax amounts. To withhold a different amount,

- Submit Form W-4R to adjust your federal tax withholding.
- Submit Form W-4MNP to adjust your Minnesota state tax withholding.

Choose your tax options below:

Federal Taxes (choose one)

- ☐ Withhold the default amount (20%).
- ☐ Complete Form W-4R.

State Taxes (choose one)

- ☐ Withhold the default amount (6.25%—Minnesota residents only).
- ☐ Complete Form W-4MNP (Minnesota residents only).
- ☐ Do not withhold taxes (not a Minnesota resident).

PART F : YOUR NOTARIZED SIGNATURE

By signing, you agree that:

1. PERA cannot begin processing your application until 30 days after you end your volunteer position, and
2. You received the *Tax Notice About Your Rollover Options* in the last 180 days and waive the required time period to review this notice.

APPLICANT SIGNATURE	NOTARY PUBLIC SIGNATURE	
PRINTED NAME OF APPLICANT		
	TITLE/RANK	
	SIGNED AND ACKNOWLEDGED ON	COMMISSION EXPIRES ON
	COUNTY AND STATE SIGNATURE WAS ACKNOWLEDGED	
	NOTARY SEAL REQUIRED	

CONTINUED ON NEXT PAGE

WHAT HAPPENS NEXT

PERA reviews each application to ensure it is complete. PERA SVF may contact you or your fire department if any additional information is required.

After the application is approved, PERA will begin processing your benefit. Payment is issued by Minnesota Management and Budget (MMB). The check will be mailed.

If you elect to rollover any portion of your benefit to another qualified plan, the check will be made payable to the designated financial institution and mailed to you. You are responsible for sending the rollover check to the receiving financial institution.

IMPORTANT INFORMATION

PROVIDE IDENTIFICATION DOCUMENTS

Proof of your age and name is required. Submit copies with your application. Original documents will not be returned.

To prove both age and current name, submit one of the following documents:

- Passport or passcard
- State REAL ID
- Enhanced Driver's License (a regular driver's license is not accepted)

If you do not have one of the documents listed above,

- Submit one of the following to prove age:
 - Birth certificate or marriage certificate
 - Church birth record or hospital birth record
 - Military record
 - Naturalization, citizenship, or immigration record
- Submit one of the following documents to prove each name change (if name has changed since birth):
 - Marriage certificate
 - Church marriage record
 - Child's birth certificate showing your maiden name
 - Affidavit or other document issued by a court

If you provide a document in a language other than English, someone familiar with the language (other than yourself) must prepare an affidavit of translation and sign it before a notary public. Submit the affidavit with the document.

ELIGIBILITY REQUIREMENTS

To be eligible for a benefit, you must meet the requirements listed below.

Statewide Volunteer Firefighter Defined Benefit Plan

- Be age 50 or older
- Be vested in the plan
- Be separated from active service for at least 30 days

Statewide Volunteer Firefighter Defined Contribution Plan

- Be vested in the plan
- Be separated from active service for at least 30 days

MEET TERMINATION REQUIREMENTS

A right to a retirement benefit requires a complete and continuous separation from your volunteer firefighting position for 30 days.

REVIEW YOUR APPLICATION

- Confirm you have completed all parts of the application.
- Submit identification documents and optional tax forms listed in part E.

TAX NOTICE ABOUT YOUR ROLLOVER OPTIONS

According to § 402(f) of the Internal Revenue Code (IRC), PERA must provide certain information when you request an eligible rollover distribution. Refer to *Tax Notice About Your Rollover Options* to learn more. The IRC requires that you receive the notice 30–180 days before requesting a payment.

DATA PRIVACY NOTICE

PERA is asking for private data to process your request. You are not legally required to provide private data to PERA and can refuse to provide some or all of the information requested. However, PERA may be unable to process your request without sufficient information. Access to this information is limited to the PERA staff who process your request and to the legislative auditor, unless you consent to further release of your private data. Your private data may also be released if required or authorized by state or federal law or by a court order.

DISCLAIMER

This form provides general information for educational purposes and should not be construed as legal or financial advice. The statutes, rules, and regulations governing PERA may change at any time. If there is a discrepancy between the law and this form or any information you receive orally, the law will govern.