



PUBLIC EMPLOYEES RETIREMENT ASSOCIATION

60 Empire Drive, Suite 200; St. Paul, MN 55103

Telephone: (651) 296-7460, or 1-800-652-9026

STATEWIDE VOLUNTEER FIREFIGHTER RETIREMENT PLAN

APPLICATION FOR LUMP-SUM RETIREMENT BENEFIT

INSTRUCTIONS: Completion of this form is required before a retirement benefit can be paid. Your Fire Chief is to complete Part A to verify your eligibility for a benefit. You must complete Part B of the application and sign it in the presence of a notary public. Federal law requires that you reveal your Social Security number for tax purposes. While you are not legally required to give your birth date and address, failure to do so may delay your benefit.

To be eligible for a retirement benefit, a firefighter must be at least 50 years old; be vested, which means having acquired a minimum of 5 years of good time service credit in the plan; and has separated from active service with the fire department for a minimum of 30 days.

PART A—FOR COMPLETION BY FIRE CHIEF

I certify that the Firefighter named below is eligible to receive a PERA benefit.

1. Firefighter permanently resigned/retired from the fire department on the following date: _____	
2. Firefighter's Service Entry Date:	3. If Applicable, number of Leave Of Absence months: _____ Months
4. Total Number of Service Credits Earned as a Firefighter: _____ Years, _____ Months	5. PERA Unit No. (if known):
6. Name of Fire Department:	7. Fire Chief's Signature:

PART B—FOR COMPLETION BY APPLICANT

8. Social Security Number	9. PERA ID (if known)	10. Birth Date (Month, Day, Year)
11. Last Name (Please Print)	12. First Name	13. Middle Initial
14. Mailing Address (Please Print)		15. Phone Number
16. City	17. State	18. Zip Code

IMPORTANT TAX INFORMATION:

Federal income tax will be withheld at a rate of 20 percent from your benefit payment unless you elect to directly rollover a portion or the entire benefit payment to an IRA. Check the applicable box below.

- Send my entire benefit payment to me
- Send my benefit payment as instructed in Part C (Direct Rollover Information)

PART B—FOR COMPLETION BY APPLICANT CONTINUED

19. THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC BEFORE WE CAN ISSUE A CHECK.

Subscribed and sworn to before me this _____ day
of _____, Year _____

Signature of Applicant

Date

Signature of Notary

Notary Public of _____ County.

My Commission expires : _____

(_____) _____
Telephone Number (During 8 a.m.-4:30 p.m.)

(SEAL)

PART C—DIRECT ROLLOVER INFORMATION

This section is to be completed only if you choose to have a portion or your entire retirement benefit directly transferred from PERA to an individual retirement account (IRA) as permissible under section 408(a) of the federal Internal Revenue Code, as amended.

Please be advised that PERA cannot be held responsible for your choice of IRA.

Indicate below whether you choose to rollover a portion or your entire benefit payment to an IRA. If you choose to have a portion of your benefit payment sent to you and the balance rolled over, you must indicate the amount you want paid to you. Please note that federal income tax will be withheld at a rate of 20 percent from the amount paid to you.

- Send my entire benefit payment to the IRA designation listed below.
- Send a portion of my benefit payment indicated below to me and rollover the remaining balance to the IRA designation listed below.

Please send \$ _____ to me.
(Whole Dollars Only)

TO BE COMPLETED BY THE IRA DESIGNATION

Check Payable to (Print)

Address (Print)

City

State

Zip Code

IRA Account Number for Deposit:

Please check this box if this account is a Roth IRA:

IRA Contact Person

Telephone No.

IMPORTANT FACTS ABOUT INFORMATION REQUESTED

The information on this application will be used to process your lump-sum retirement benefit pursuant to Minnesota Statutes. All information on this application, except your Social Security number, your address, your birth date, and tax information, is classified as PUBLIC data that can be given to anyone for any purpose. Your Social Security number, your address, your birth date, and tax withholding data are classified as PRIVATE data and are available only to you, to the staff who must use it in the normal course of conducting PERA business, and to entities authorized by law. No private data of yours will be shared with an unauthorized person or agency without your informed written consent.

Federal law requires you to disclose your Social Security number to us for tax reporting purposes. Failure to furnish this data will delay the processing of your benefit payment and may result in inaccurate reporting of your taxable income. You are not legally required to supply other information on this application. However, if you withhold your address and/or birth date, you may not receive the benefit payment to which you are entitled.

Lump-sum retirement benefits are subject to a federal income tax withholding rate of 20 percent. PERA will withhold federal income tax on the benefit payment paid to you. Federal income tax will not be withheld on the any amounts you elect to directly rollover to an IRA. **Please be advised that PERA will issue an IRS Form 1099R to you in January of the following year.**

If you have any questions about this application, please call or write to our office. The mailing address is: Public Employees Retirement Association, 60 Empire Drive, Suite 200, Saint Paul, Minnesota 55103-2088. For Twin Cities metro area members, the phone number is (651) 296-7460. Individuals living outside the metro area may call our toll-free number at 1 (800) 652-9026.