



## Judge Member Retirement Application

### Section A: Applicant information (Type or print clearly in dark ink. Illegible forms may be returned to applicant. This could delay your request.)

First name	MI	Last name	Social Security number
Mailing address (street or PO box)			PERS number
City	State	Zip	Country
Date of birth (mm-dd-yyyy)			
Day phone number	Evening phone number		E-mail (optional)

I request that my retirement become effective the first day of \_\_\_\_\_, \_\_\_\_\_ (month), \_\_\_\_\_ (year).

The “effective retirement date” can be no sooner than the first day of the month following the last day you worked or were on qualified paid leave, or the first of the month in which you file your application for benefits, whichever is later.

### Section B: Spouse information

The spouse is the automatic beneficiary under ORS 238.565 unless a prenuptial or an antenuptial agreement stating otherwise has been filed with PERS.

First name	MI	Last name	Social Security number
Mailing address			Date of birth
City	State	Zip	

### Section C: Beneficiary information

Complete this section naming a person or persons (other than your current spouse), an organization, trustee, or your estate as your beneficiary, or complete if a prenuptial or an antenuptial agreement has been filed with PERS. Should you have no spouse or your spouse predeceases you, this designation will apply to your account, and any member contributions unpaid at the time of your death would be issued.

First name	MI	Last name	Social Security number
Mailing address			Date of birth
City	State	Zip	

**Increased surviving spouse benefit option: Per ORS 238.565 (4) I elect to provide an addition to the 2/3 beneficiary benefit continuation provided by statute to my surviving spouse. I elect a \_\_\_\_\_ percent surviving spouse continuation life pension.** I elect to receive a reduced retirement allowance to provide a higher beneficiary benefit and understand that this additional pension for my surviving spouse is the actuarial equivalent of the reduction in my retirement allowance.

### Section D: Applicant signature

Please sign and date for entire application.

\_\_\_\_\_ Date  
 Signature (do not print)

<b>Office use only</b>	
<input checked="" type="checkbox"/> PERS	<input type="checkbox"/> OPSRP <input type="checkbox"/> IAP
<input type="checkbox"/> Member	<input type="checkbox"/> Alternate payee
<input type="checkbox"/> Cross reference member SSN	

**Note:** If not already provided, PERS will need a verification of age for you and your beneficiary.

Providing your Social Security number (SSN) is voluntary. It will be used for confirmation purposes. If you choose not to supply your SSN, it may take PERS staff longer to process your form.

In compliance with the Americans with Disabilities Act, PERS will provide help filling out this form upon request. You may request help by calling 503-598-7377, toll free 888-320-7377, or TTY 503-603-7766.

ORS: 238.565

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