



Department of Technology, Management & Budget
Office of Retirement Services
www.michigan.gov/ors (800) 381-5111
P.O. Box 30171
Lansing MI 48909-7671

Judges Retirement Application

PLEASE PRINT OR TYPE

MEMBER'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
MAILING ADDRESS	HOME TELEPHONE ()	WORK TELEPHONE ()
CITY, STATE, ZIP CODE		
COUNTY COURT(S)	LAST DAY ON PAYROLL	RETIREMENT EFFECTIVE DATE

SECTION I – OPTION ELECTION: Check only one box indicating your option choice. Your option choice is final and cannot be changed after the effective date of retirement. An explanation of the options is printed on the reverse side of this form.

<input type="checkbox"/>	I ELECT A STRAIGHT LIFE ANNUITY ALLOWANCE. I wish to receive an unreduced allowance for my lifetime. If I predecease my spouse, to whom I am married at the time of death, he or she will be eligible to receive a survivor's retirement allowance equal to one-half (50%) of the benefit I was receiving. If there is no surviving spouse, my unmarried child under age 19 is entitled to the survivor's retirement allowance until he or she reaches age 19. If a child is attending school full time, the allowance may be continued until age 22.
<input type="checkbox"/>	I ELECT OPTION A – 100% SURVIVORSHIP ALLOWANCE. I wish to receive a reduced allowance for my lifetime and, upon my death, provide the same amount in monthly installments to my beneficiary indicated below for the remainder of his or her lifetime.
<input type="checkbox"/>	I ELECT OPTION B – 50% SURVIVORSHIP ALLOWANCE. I wish to receive a reduced allowance for my lifetime and, upon my death, provide one-half (50%) of the reduced annuity to my beneficiary indicated below for the remainder of his or her lifetime.

SECTION II – BENEFICIARY DESIGNATION: Complete regardless of your option choice. (See instructions on the reverse side of this form for a list of eligible beneficiaries.) If you are married and have elected Option A or B and designate anyone other than your spouse as your beneficiary, your spouse must complete SECTION IV.

BENEFICIARY'S NAME (LAST, FIRST, M.I.)	DATE OF BIRTH	SOCIAL SECURITY NUMBER
RELATIONSHIP TO MEMBER	<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE

SECTION III – APPLICANTS CERTIFICATION: I certify I have elected the retirement option indicated above and fully understand the provisions of that option. I understand that my election option and beneficiary nomination are final and irrevocable on or after my retirement effective date. My signature confirms the acknowledgment of my option election, and I understand that if no option is elected, I will be paid a Straight Life Annuity Allowance.

APPLICANTS SIGNATURE	DATE
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SECTION IV – SPOUSAL RELINQUISHMENT OF PENSION RIGHTS: Your spouse must complete this section only if he/she has not been nominated as beneficiary under the 100% Survivor or 50% Survivor option. If you are not married, you must write "NONE" in the spouse's signature box.

I understand by law I am automatically my spouse's 100% Survivor or 50% Survivor retirement pension beneficiary. However, by my signature, I authorize my spouse to designate the above named eligible person as beneficiary under 100% Survivor or 50% Survivor. I understand that by this authorization I relinquish all rights to a pension benefit.

SPOUSE'S SIGNATURE (WRITE "NONE" IF NOT MARRIED)	DATE
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Instructions for completing the Judges Retirement Application

To receive retirement benefits, complete this form and return it to the Office of Retirement Services (ORS) at least 30, but no more than 90, days before your retirement effective date.

ORS will not accept this form with visible erasures or corrections.

If you make a mistake completing this form, you can obtain a new copy from our website at www.michigan.gov.ors, or by calling us at 517-322-5103 (local) or 800-381-5111 (outside Lansing) to order a new form.

Retirement Effective Date:

You must specify your retirement effective date. Your retirement effective date is the first day of the month after the month in which you terminate employment and meet age and service requirements. For example, if you terminate employment May 10 your retirement effective date is June 1.

Proof of Age:

Before you can receive retirement benefits, you must provide the retirement system with documentation of your date of birth, and your beneficiary's date of birth if you choose a survivor pension (Option A or Option B). Acceptable documentation is listed below. Attach a copy of proof of your date of birth, and your beneficiary's if a survivor option is elected.

Group I: Any one of these is sufficient: Certified copy or copy of birth certificate; delayed registration of birth established by the Probate Court; infant baptismal certificate, or certified copy; certified copy or copy of the recording in a family bible; verification of birth date by the Social Security Administration; or United States passport.

Group II: If you cannot supply a Group I record, provide any two records from Group II: School age record, or certified copy; military service record or certified copy; marriage record if it shows date of birth; naturalization certificate of individual or for parents, providing participant's age is stated on the certificate (DO NOT COPY); transcript of record from United States Bureau of Census.

Section 1: Option Election

Electing a pension option is one of the most important decisions you make during your retirement process. It determines if, or how, your pension and insurance coverage will continue for your designated beneficiary after you die.

Before you complete this section, refer to your Michigan Judges' Retirement System Plan Summary for definitions of your pension option choices. A thorough understanding of the options is crucial before you make your election.

Check only one box indicating your option election. Be sure the box you check accurately reflects your pension option choice. You cannot change your option election on or after your retirement effective date.

Section 2: Beneficiary Designation

If you elect the Straight Life Annuity Allowance, this option pays you the largest retirement allowance possible for your lifetime, and terminates with your death. However, if you predecease your spouse, he or she will be eligible to receive a survivor's benefit. Only your spouse, or dependent children if there is no surviving spouse, is eligible to receive a survivor's benefit equal to one-half the amount (50%) of what you had been receiving.

An unmarried child under age 19 is considered a dependent(s). If a child is attending school full time, the allowance may be continued until age 22. If there is no person(s) eligible for a survivor's benefit, there will be no continuing monthly benefits for the beneficiary. Your beneficiary will receive a lump sum refund of any individual contributions not paid to you in benefits.

If you elect Option A, this option pays you a reduced retirement allowance as long as you are living. Upon your death the same amount will be paid in monthly installments to your beneficiary for the remainder of his or her lifetime.

If you elect Option B, this option pays you a reduced retirement allowance as long as you are living. Upon your death one-half of the reduced annuity will be paid in monthly installments to your beneficiary for the remainder of his or her lifetime.

If you elect Option A or Option B, only your spouse, brother, sister, parent or child, including an adopted child, may be your pension beneficiary. If your beneficiary predeceases you, your benefit will revert to a Straight Life Annuity Allowance. If there is no eligible beneficiary for monthly survivor benefits, any person(s) may be named as a refund beneficiary.

Options A and B are actuarial computations which take into consideration the combined ages of you and your named beneficiary.

Please complete all the boxes pertaining to your beneficiary, regardless of which pension option you elect.

***Note:** A trust, estate, organization, or company cannot be directly named as a beneficiary. The Retirement law requires you to name a "person." However, you may nominate a person in care of, as the trustee of, or as the administrator of a legal entity. Do not name yourself as the trustee or administrator of a living trust or living will, since this beneficiary nomination would not be valid.*

Section 3: Applicant's Certification

By signing in the "Applicant's Signature" box, you are certifying the pension option marked in Section 1 is your correct choice. Before you sign, be sure you are aware of the pension option you have chosen and familiar with the survivor benefits it will, or will not, provide after your death. Be sure the box you have checked is the one you want.

Section 4: Spousal Relinquishment of Pension Rights

If you are married, your spouse's signature is required if you designate someone other than your spouse as beneficiary under 100% Survivor or 50% Survivor. By signing in the "Spouse's Signature" box, your spouse authorizes you to designate another eligible person as beneficiary and gives up all rights to a pension benefit.

If you are not married, you must write "None" in the "Spouse's Signature" box.

Mail completed form and attachments to:

Office of Retirement Services

P.O. Box 30171

Lansing, MI 48909-7671

Or, fax to:

ORS Customer Service Center (517) 322-1116