

Application for a Retirement Annuity – Coordinated Plan

INSTRUCTIONS: Please print in ink. Complete the entire form.

Section A – General Information		
Name	Birth Date	
Street Address	Social Security #	
City, State, & Zip Code	Home Phone	
Email Address	Official Resignation Date	Pension Date
Are you currently married? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Widowed Have you ever been involved in a marriage dissolution? <input type="checkbox"/> No <input type="checkbox"/> Yes: During or after my SPPS employment. Please provide a copy of the full court-signed decree. <input type="checkbox"/> Yes: But, prior to my SPPS employment. No decree required.		
I also have retirement service credit with the following Minnesota public retirement fund(s) <input type="checkbox"/> NONE and will make timely application to them if I wish to receive a combined service benefit: <input type="checkbox"/> Minnesota Teachers Retirement Association (TRA) <input type="checkbox"/> Public Employees Retirement Association (PERA) <input type="checkbox"/> Minnesota State Retirement System (MSRS)		
<i>Pension date: 1st or 16th of the month, at least one day after resignation.</i>		

Section B – Annuity Plan Selection (Select only one option.)

I herein make the following irrevocable selection for a monthly lifetime retirement benefit, subject to notarized spousal signature in Section F:

- C-1 Member Life Only** – Payable to you for life. All payments cease upon your death.
- C-2 Guaranteed Refund** – Payable to you for life with the guarantee that an amount equal to any remaining balance of your accumulated contributions will be payable to your designated beneficiary upon your death. If no designated beneficiary survives you, any remaining balance of accumulated contributions will be paid in a lump sum to your estate.
- C-3 15-year Certain** – Payable to you for life. If you die before receiving payments for the 15-year guaranteed period, payments will be made to your designated beneficiary for the remainder of the 15-year period. If no designated beneficiary survives you, any remaining guaranteed payments will be commuted and paid in a lump sum to your estate.
- C-4 100% Joint and Survivor** – Payable to you for life. Upon your death, your joint annuitant will receive the same amount of your annuity for life. If your joint annuitant predeceases you, your payments will be increased to the option C-1 Member Life Only annuity amount for the remainder of your life. You must notify us of the joint annuitant's death.
- C-5 50% Joint and Survivor** – Payable to you for life. Upon your death, your joint annuitant will receive half the amount of your annuity for life. If your joint annuitant predeceases you, your payments will be increased to the option C-1 Member Life Only annuity amount for the remainder of your life. You must notify us of the joint annuitant's death.
- Supplemental Needs Trust** – Choose this option if you wish your beneficiary to be the Primary Trust Beneficiary of a Supplemental Needs Trust. Attach necessary documentation.

Section C – Acceleration/Deceleration Selection

I elect to receive the following type of annuity: (Select one option.)

- Normal: Annuity payment not changed through acceleration/deceleration.
- Accelerated/Decelerated: Annuity payment amount accelerated (increased) from retirement date to age 65, then decelerated (decreased) for future payments.

OVER →

Section D – Beneficiary Designation (for C-2 Option or C-3 Option Only)

In the case of my death after retirement benefits commence, if I have chosen the C-2 or C-3 option, any further benefit payable under the C-2 or C-3 option should be made in equal shares unless otherwise indicated to:

Beneficiary Name(s)	Date of Birth	Address	Relationship

Further designations may be attached on a separate sheet of paper. This designation supercedes any previous beneficiary designation. Designations of beneficiary may be replaced at a later date by completing a new Designation of Beneficiary form.

Section E – Spousal Information for C-4 or C-5 Joint & Survivor Options

Please include copies of spouse’s birth certificate and your marriage certificate.

Spouse Name	Spouse Birth Date	Spouse Social Security #

Section F – Spousal Notification

I hereby affirm that I have been notified by my spouse of the annuity election designated on this form. I further affirm that I understand what this election means for me in the event of my spouse’s death, that state law (Minn.Stat. §356.46) requires payment of at least a 50% joint and survivor benefit without my signature, and that **SPTRFA policy** requires spousal signature for **all** benefit options.

Spouse Signature

Date

Notary Public:

Notary Stamp

- OR -

Notary Data

Sworn to before me this _____ day
of _____, 20 _____



County

State

My Commission Expires

Notary Signature

Section G – Member Signature

I have received and reviewed a description and explanation of the available St. Paul Teachers' Retirement Fund Association (SPTRFA) retirement benefits and irrevocable benefit options, including beneficiary and survivor options. I have been provided with information regarding my benefit options and I was given the opportunity to ask questions and/or seek clarification about the effects of my decision. I make the foregoing selection freely and willfully. **Upon retirement, actual calculations will be made on the basis of a final audit of my SPTRFA records and not on the basis of any previous estimates.**

Member Signature

Date

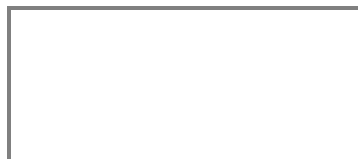
Notary Public:

Notary Stamp

- OR -

Notary Data

Sworn to before me this _____ day
of _____, 20 _____



County

State

My Commission Expires

Notary Signature



St. Paul Teachers' Retirement Fund Association

2550 University Avenue W, Suite 312N Saint Paul, MN 55114
 Phone (651) 642-2550 Fax (651) 642-2553 Website: www.sptrfa.org

FEDERAL & MINNESOTA STATE Income Tax Withholding Request

Full Name	
Street Address	
City, State, & Zip Code	Social Security # XXX-XX- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address	Home Phone

Please check if you are providing new contact information above.

	FEDERAL Choose one of four options:	MINNESOTA ** Choose one of four options:
1. Flat Amount <i>This choice means that my tax withholding amount will not be adjusted as my monthly retirement benefit increases.</i>	\$ _____ .00 Monthly	\$ _____ .00 Monthly
2. Percentage * <i>This choice means that my withholding amount will be adjusted as my monthly benefit increases.</i>	_____ %	_____ %
3. Tax Tables* <i>This choice means that my tax withholding amount will be adjusted as my monthly retirement benefit increases.</i> Current tax tables available on our website at www.sptrfa.org\RetiredMembers\TaxInformation.	<input type="checkbox"/> Single Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>	<input type="checkbox"/> Single Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>
	<input type="checkbox"/> Married Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>	<input type="checkbox"/> Married Rate: <input style="width: 50px; height: 20px;" type="text"/> <i>number of allowances</i>
4. No Withholding <i>This choice means that there will be nothing withheld from my monthly benefit.</i>	<input type="checkbox"/> Withhold no Federal tax	<input type="checkbox"/> Withhold no Minnesota tax

*Taxes are calculated on the taxable portion of your pension.

** If you are no longer a Minnesota resident for income tax purposes, please select the 'Withhold no Minnesota tax' option. SPTRFA cannot withhold taxes for other states.

Signature _____ Date _____

You are responsible for your own tax liability. Please contact a tax professional for withholding advice.



St. Paul Teachers' Retirement Fund Association

2550 University Avenue W, Suite 312N Saint Paul, MN 55114 Phone
(651) 642-2550 Fax (651) 642-2553 Website: www.sptrfa.org

Direct Deposit Authorization

I hereby authorize the St. Paul Teachers' Retirement Fund Association (SPTRFA) to deposit my monthly retirement benefit payment to my account as indicated below:

Financial Institution Name: _____

CHECKING ACCOUNT

Tape a blank voided check here.

To process this request we must have a blank voided check to verify your bank transit routing and account number.

I also authorize SPTRFA, if necessary, to make adjustments to the above account to correct any credit entries made in error. I understand that SPTRFA will make a reasonable effort to notify me within 48 hours when an adjustment is made.

I understand that if I wish to change financial institutions or account numbers, I must complete a new Direct Deposit Authorization.

Note: Direct deposit is not available in foreign countries.

(PLEASE PRINT)

Last Name	First Name	Middle Initial
_____	_____	_____

SOCIAL SECURITY NUMBER: X X X - X X -

Date _____

Signature _____

Current Address _____

City/State/Zip _____

Phone Number () _____ - _____

If this form is received by the 20th of the month, your direct deposit request will take effect at the beginning of the following month.

If your form is received after the 20th, your direct deposit request may be delayed one month.