

**INSTRUCTIONS:**

- This form is to be used to apply for a monthly retirement benefit.
- Your retirement date will be the day after your last day of employment. However, if you file this form more than 90 days after your last day of employment, your retirement date will be the day that the form is received by PMRS.
- To ensure that you understand the payment options available to you, you should request a benefit estimate from PMRS before you complete this form.
- Direct Deposit of your monthly benefit is required.
- Federal tax will be withheld based on the tax tables using a status of Married with 3 Exemptions, if you do not file a W-4P form.
- Contact the Membership Services Division at 1-800-622-7968 with any questions.
- Type or print all entries in ink.
- After your final paycheck, return the completed form and all related documents to:  
 Pennsylvania Municipal Retirement System  
 P.O. Box 1165  
 Harrisburg, PA 17108-1165

**PART A: PERSONAL INFORMATION (to be completed by member)**

1. Member Name _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>First</span> <span>Middle</span> <span>Last</span> <span>Suffix</span> </div>	2. Social Security Number X X X - X X - ____ _____
3. Member Mailing Address _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>Street</span> <span>Apt.</span> </div> _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> <span>City</span> <span>State</span> <span>Zip Code</span> </div>	4. Telephone Number (Home or Cell) (____) ____ - ____ <hr/> 5. Date of Birth ____/____/____ <div style="display: flex; justify-content: space-around; font-size: small; margin-top: 5px;"> <span>MM</span> <span>DD</span> <span>YYYY</span> </div>

6. E-Mail Address \_\_\_\_\_

**PART B: BENEFIT OPTION SELECTION (to be completed by member) Option selection is irrevocable.**

1. RETIREMENT TYPE:  
 Normal Retirement  
 Early Retirement  
 Vested Retirement  
 Pre-Retirement Selection  
(Vested Retirement - Skip to Part E)

2. OPTION SELECTION (PLEASE SELECT ONLY ONE OPTION):
- |   |   |
|---|---|
| <p><b>Single Life Annuity Options</b></p> <input type="radio"/> <b>Life Only + Spouse's Benefit</b> <ul style="list-style-type: none"> <li>• Monthly benefit paid to you for life</li> <li>• If married at death, your spouse will continue to receive a benefit for life in accordance with the plan.</li> <li>• If you have no spouse at death, the spouse's benefit may revert to your minor children.</li> <li>• If you die without a spouse or minor children, remaining member contributions will be paid to named beneficiary(ies).</li> <li>• If a period certain is selected below, payments continue for your life only or the specified period (whichever is greater)</li> </ul> <input type="radio"/> <b>Life with 10-Year Period Certain</b><br><input type="radio"/> <b>Life with 20-Year Period Certain</b><br><input type="radio"/> <b>Life with Guaranteed Present Value (Option I)</b> <ul style="list-style-type: none"> <li>• Death benefit - present value of your benefits at the date of retirement minus total of all payments made to you</li> </ul> | <p><b>Survivor Annuity Options</b></p> <input type="radio"/> <b>100% Survivor Annuity (Option II)</b> <ul style="list-style-type: none"> <li>• Monthly benefit paid for your life with 100% continuing to your survivor annuitant</li> <li>• Upon last death, total of your personal contributions, regular interest, and excess interest at the date of retirement minus the total of all payments made to you and your survivor annuitant will be paid to your beneficiary(ies)</li> </ul> <input type="radio"/> <b>50% Survivor Annuity (Option III)</b> <ul style="list-style-type: none"> <li>• Monthly benefit paid for your life with 50% continuing to your survivor annuitant</li> <li>• Upon last death, total of your personal contributions, regular interest, and excess interest at the date of retirement minus the total of all payments made to you and your survivor annuitant will be paid to your beneficiary(ies)</li> </ul> |
|---|---|

3. ADDITIONAL OPTION SELECTION (PLEASE SELECT ONLY ONE OPTION):  
**Not available in all plans. Check with your employer or PMRS if you are unsure if these options are available to you.**
- 
- Lump Sum Payout of Personal Contributions (Option IV)**
- Select this option in addition to one of the options in #2 above
  - You will receive a lump-sum payment of your personal contributions and regular interest at the time of retirement
  - The monthly benefit from your payment option selected above will be proportionally reduced based on the amount of your lump-sum payment
  - If selecting this option, you must also submit form PMRB-6
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- Deferred Retirement Option Program (DROP)**
- Your monthly benefits will be deposited into a DROP account while you continue to work for up to 36 months
  - If selecting this option, you must also submit form PMRB-40

**PART C: SURVIVOR ANNUITANT (to be completed by member)**

- Only complete this part if you selected Option II or Option III
- Attach copy of the survivor annuitant's Driver's License or Birth Certificate

**WARNING**  
**SURVIVOR ANNUITANT SELECTION**  
**IS IRREVOCABLE**

1. Survivor Annuitant Name  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>First</i> _____</span> <span>_____ <i>Middle</i> _____</span> <span>_____ <i>Last</i> _____</span> <span>_____ <i>Suffix</i> _____</span> </div>			2. Social Security Number  _____ - _____ - _____
3. Survivor Annuitant Mailing Address  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>Street</i> _____</span> <span>_____ <i>Apt.</i> _____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> <span>_____ <i>City</i> _____</span> <span>_____ <i>State</i> _____</span> <span>_____ <i>Zip Code</i> _____</span> </div>			
4. Telephone Number (____) _____ - _____	5. Gender M ___ F ___	6. Date of Birth ____/____/____ <i>MM DD YYYY</i>	7. Relationship to Member  _____
8. E-Mail Address _____			

**PART D: BENEFICIARY INFORMATION (to be completed by member)**

- Name a beneficiary other than the survivor annuitant
- Beneficiary will receive any death benefits that are payable

PRIMARY BENEFICIARY	1. Name  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>First</i> _____</span> <span>_____ <i>Middle</i> _____</span> <span>_____ <i>Last</i> _____</span> <span>_____ <i>Suffix</i> _____</span> </div>			2. Social Security Number  _____ - _____ - _____
	3. Beneficiary Mailing Address  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>Street</i> _____</span> <span>_____ <i>Apt.</i> _____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> <span>_____ <i>City</i> _____</span> <span>_____ <i>State</i> _____</span> <span>_____ <i>Zip Code</i> _____</span> </div>			
	4. Telephone Number (____) _____ - _____	5. Gender M ___ F ___	6. Date of Birth ____/____/____ <i>MM DD YYYY</i>	7. Relationship to Member  _____
	8. E-Mail Address _____			

If more than one primary beneficiary, or if named beneficiary is a minor child, please check this circle and attach a completed PMRB-2 form.

CONTINGENT BENEFICIARY	1. Name  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>First</i> _____</span> <span>_____ <i>Middle</i> _____</span> <span>_____ <i>Last</i> _____</span> <span>_____ <i>Suffix</i> _____</span> </div>			2. Social Security Number  _____ - _____ - _____
	3. Beneficiary Mailing Address  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>_____ <i>Street</i> _____</span> <span>_____ <i>Apt.</i> _____</span> </div> <div style="display: flex; justify-content: space-between; width: 100%; margin-top: 10px;"> <span>_____ <i>City</i> _____</span> <span>_____ <i>State</i> _____</span> <span>_____ <i>Zip Code</i> _____</span> </div>			
	4. Telephone Number (____) _____ - _____	5. Gender M ___ F ___	6. Date of Birth ____/____/____ <i>MM DD YYYY</i>	7. Relationship to Member  _____
	8. E-Mail Address _____			

If more than one contingent beneficiary, or if named beneficiary is a minor child, please check this circle and attach a completed PMRB-2 form.

**PART E: CERTIFICATION OF MEMBER (to be completed by member)**

**1. PERSONAL CERTIFICATION (REQUIRED)**

I certify that I have read and understand all instructions of this form. I certify that I have completed, or have had completed on my behalf, all information provided in Parts A through D and that the information provided is true and accurate.

**2. MARITAL PROPERTY CERTIFICATION (REQUIRED - PLEASE SELECT ONLY ONE)**

- I certify that there is **no existing** court order or pending divorce proceeding which affects or will affect the distribution of my benefit to someone other than myself.
- I certify that there is an **existing** court order or pending divorce proceeding which affects or will affect the distribution of my benefit to someone other than myself. (Attach a copy of the order or pleading).

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

**PART F: CERTIFICATION OF MUNICIPALITY (to be completed by the employer) The signature appearing in this part serves as a certification of the information provided below.**

**1. Unreported Compensation and Contributions**

- List by quarter the compensation and retirement contributions not yet reported on any prior PMRB-21, Quarterly Report of Contributions form.
- Information on this form must agree with the next PMRB-21 submitted to PMRS.
- Caution should be taken if reporting lump-sum payments for accrued leave. List only compensation for pension-eligible service.

	1st Qtr.	2nd Qtr.	3rd Qtr.	4th Qtr.
Regular Compensation				
Lump Sum Leave Payout (Pensionable Only)				
Required Member Contributions				
Optional Member Contributions				
Municipal Contributions (Cash Balance Plan Only)				

2. Employing Entity  _____	3. Municipal Code  _ _ - _ _ - _ _	4. Employment Separation Type <input type="radio"/> Voluntary <input type="radio"/> Involuntary
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5. Last Day of Compensated Employment  ____/____/____ <i>MM DD YYYY</i>	8. If the dates in blocks 5 and 6 are not the same, please explain why in this section:
6. Effective Date of Termination  ____/____/____ <i>MM DD YYYY</i>	
7. Date of Final Paycheck*  ____/____/____ <i>MM DD YYYY</i> *Form cannot be submitted to PMRS before this date.	

\_\_\_\_\_  
Signature of Plan's Municipal Contact

\_\_\_\_\_  
Date