



GEORGIA MUNICIPAL ASSOCIATION

Georgia Municipal Employees Benefit System (GMEBS)

The Burgess Building

Email Address: adminretire@gacities.com (MUST BE SENT SECURELY) or Fax (678) 686-6244

APPLICATION FOR RETIREMENT
PARTICIPANT ACKNOWLEDGMENT OF BENEFIT PAYMENT OPTIONS

Participant Name: _____ Soc. Sec. No.: _____

Effective Retirement Date _____, 1, _____ Employer: _____
(Month) (Year)

You can elect to have your retirement benefit paid to you in one of several ways. The payment options are described below. Following your review of the benefit payment options, please sign your name at the bottom of this form and then complete the rest of the retirement application (you will choose your benefit payment option in Section 2 on page 2 of the application).

A. Lifetime Monthly Benefit for Retiree Only; No Lifetime Monthly Survivor Benefit. Under this option, you will receive the maximum lifetime monthly retirement benefit amount (i.e., no actuarial reduction is applied). The benefit is paid to you every month for as long as you live. **However, no monthly lifetime survivor benefit will be payable after your death.** You may not designate a beneficiary to receive a monthly lifetime survivor benefit after you die. When you die, monthly retirement benefit payments stop and no further monthly benefits are payable to any beneficiary or your estate. Note that if you die before 36 months of retirement payments have been paid to you, a lump sum death benefit in the amount of 36 times your initial monthly retirement benefit **minus** any retirement benefits paid to you will be payable to your surviving spouse if: 1) you are married at the time of your death, 2) your spouse survives you by at least 32 days; and 3) your spouse submits to GMEBS proof of marriage within 6 months after your death. If you do not have a spouse at the time of your death, or if your spouse does not survive you by at least 32 days, or if your spouse does not provide proof of marriage within 6 months after your death, then the lump sum amount will be paid to your estate.

B. Reduced Lifetime Monthly Benefit for Retiree (with Pop-Up feature); Lifetime Survivor Benefit. If you choose this option, you will receive an actuarially reduced lifetime monthly retirement benefit, and upon your death your designated beneficiary will receive a monthly benefit equal to a percentage of your monthly retirement benefit for as long as he or she lives after your death. You may designate any living person as your beneficiary. You select the percentage of your monthly benefit (**100%, 75%, 50%, or 25%**) that you want your beneficiary to receive for as long as he or she lives after your death. Under this option, *your lifetime monthly benefit amount will be actuarially reduced* to take into account the fact that benefits will be paid over two lifetimes (yours and that of your beneficiary after your death). The amount of the reduction in your monthly retirement benefit depends on the age difference between you and your beneficiary, and on the percentage you choose to leave to your beneficiary. In the event that your designated beneficiary predeceases you (after you have begun to receive benefit payments), your monthly benefit will "pop up" or increase to what it would have been if you had elected Option A above (single life annuity), provided you submit to GMEBS proof of the beneficiary's death. If your designated beneficiary is your spouse at the time of your retirement, and if you become legally divorced from your designated beneficiary following retirement, then you are permitted but not required to request a pop-up following divorce. You must submit sufficient proof of your divorce with your application for the pop-up. GMEBS may deny an application for pop-up following divorce if it determines that denial is warranted based upon the terms of the divorce decree or other factors. If your application for pop-up following divorce is approved, then your monthly benefit will "pop up" or increase to what it would have been if you had elected Option A above (single life annuity), and your former spouse will no longer be eligible to receive any survivor benefit following your death. **Please note that you cannot change your beneficiary after retirement. The pop-up provision does not allow you to name a new beneficiary if your beneficiary predeceases you or if you become divorced from your beneficiary.**

C. Reduced Lifetime Monthly Benefit for Retiree; Survivor Benefit for Designated Period. This option provides an actuarially reduced lifetime monthly retirement benefit for you (**you choose the period – 5, 10, 15 or 20 years**). In the event of your death within a certain period of time *after retirement*, your designated beneficiary will continue to receive the same monthly retirement benefit that you did, if the beneficiary is living at your death. Payments to your beneficiary cease at the end of the designated period (i.e., they do not continue, even if your beneficiary lives beyond the designated period). The amount of the reduction in your monthly benefit depends on the length of the period you select. **Please note that if you live beyond the designated period, your beneficiary will not receive a benefit. Also, you cannot change your beneficiary after your retirement date. If your designated beneficiary predeceases you, no survivor benefit will be payable and your benefit will not increase.**

I hereby certify that I have reviewed this Participant Acknowledgment of Benefit Payment Options form, which explains the benefit payment options available to me upon my retirement.

Date: _____
(Month) (Day) (Year)

(Participant Signature)



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APPLICATION FOR RETIREMENT

(Applicant must complete Sections 1 - 3)

PLEASE NOTE: THIS APPLICATION MUST REACH THE GMEBS OFFICE NO LATER THAN 30 DAYS AND NO EARLIER THAN 90 DAYS IN ADVANCE OF EFFECTIVE RETIREMENT DATE.

Section 1. PARTICIPANT INFORMATION

1. Participant Name: _____ 2. Soc. Sec No. _____
 (First) (Middle) (Last)

3. Participant's Date of Birth: _____
 [ATTACH PROOF OF BIRTHDATE] (Month) (Day) (Year)

4. Participant Address: _____
NOTE: PAYMENTS WILL BE SENT TO THIS ADDRESS UNLESS YOU COMPLETE A DIRECT DEPOSIT AUTHORIZATION FORM

5. Have you ever worked for **another** employer with a GMEBS retirement plan? Yes No
 If YES, please list employer name(s) and dates of employment below:
 Employer Name: _____ Period of Employment: _____

Section 2. CHOICE OF BENEFIT PAYMENT OPTION

TYPE OF RETIREMENT: NORMAL EARLY DISABILITY EARLY WINDOW

Check here if applying for IN-SERVICE DISTRIBUTION:

IMPORTANT: Review the form called "Participant Acknowledgment of Benefit Payment Options" before completing this Section. Please indicate your payment choice by **INITIALING** one of the options below:

Must Initial below:	<u>BENEFIT PAYMENT OPTION</u> <i>(You Can elect only one payment option)</i>
_____	A. <u>Lifetime Monthly Benefit for Retiree Only; No Lifetime Survivor Benefit</u> Are you currently in a marriage that is recognized under the laws of the State of Georgia? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide the following information: Spouse's Full Name: _____ Soc. Sec. No.: _____
_____	B. <u>Reduced Lifetime Monthly Benefit for Retiree (with Pop-Up feature); Lifetime Survivor Benefit.</u> Indicate what percentage of your benefit you would like your surviving beneficiary to receive after your death (check one): <input type="checkbox"/> 100% <input type="checkbox"/> 75% <input type="checkbox"/> 50% <input type="checkbox"/> 25%
_____	C. <u>Reduced Lifetime Monthly Benefit for Retiree; Survivor Benefit for Designated Period</u> Indicate a survivor payment period (check one): <input type="checkbox"/> 5 years <input type="checkbox"/> 10 years <input type="checkbox"/> 15 years <input type="checkbox"/> 20 years

Section 3. DESIGNATION OF POST-RETIREMENT BENEFICIARY

(Skip this Section if you elected Option A above)

IMPORTANT: If you elected Option B or C in Section 2 above, you must designate one and only one living person as your Beneficiary. I hereby designate the following person as my Beneficiary to receive any and all amounts that may be payable from the plan upon my death in retirement:

Beneficiary's Full Name: _____ Soc. Sec. No.: _____

Beneficiary's Date of Birth: _____ [ATTACH VERIFICATION OF BIRTHDATE]
 (Month) (Day) (Year)

Gender: M F Relationship to me: _____

Beneficiary's Address: _____
 (Number and street or rural route) (City) (State) (Zip code)

EMPLOYER SHOULD COMPLETE SECTIONS 4-5

Section 4. PARTICIPANT SERVICE

Participant Name: _____ Soc. Sec. No.: _____

Initial Employment Date: _____ Termination Date: _____
 (If Participant is applying for in-service distribution, leave termination date blank)

Effective Retirement Date: _____ 1, _____
 (Month) (Year)

Is the Participant a Public Safety Employee (i.e., an employee who provides police protection, firefighting services, or emergency medical services within the jurisdiction of the employer)?

Yes No **Job Title** _____

If the Participant failed to meet the plan's eligibility requirements (e.g., failure to meet minimum hours-per-week requirement) during any period of his employment. (see "Eligibility Conditions" in Adoption Agreement) Please list each such period below:

Has the Participant ever been terminated and reemployed by the Employer? _____ YES _____ NO. If **NO**, skip to Section 5 below. If **YES**, please list each period of creditable service with the Employer below:

<u>First Period of Employment</u>	<u>Second Period of Employment</u>
From: _____ To: _____	From: _____ To: _____
<u>Third Period of Employment</u>	<u>Fourth Period of Employment</u>
From: _____ To: _____	From: _____ To: _____

SECTION 5 SHOULD BE COMPLETED BY EMPLOYER

Section 5. PARTICIPANT EARNINGS

(Skip for elected officials, unless part of retirement benefit is based on service as an Eligible Regular Employee)

IMPORTANT INFORMATION: Based on terms of your retirement plan please provide below the 5 years or 3 years (whichever is applicable under your Adoption Agreement) highest consecutive years of Earnings. Unless otherwise specified in an Addendum to your Adoption Agreement, Earnings means total gross earnings paid to a participant by the Employer, as reflected in the Employer's payroll records. (See Master Plan Section 2.24). **Please complete the table below. You should contact GMEBS office and speak to a Retirement Benefit Assistant for information on how the Participant's earnings should be recorded if you have any questions.**

ENTER START AND END DATE OF EACH PERIOD OF EARNINGS BELOW	EARNINGS	NOTATIONS ONLY IF NEEDED
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Start: ____ / ____ / ____ End: ____ / ____ / ____ MM DD YYYY MM DD YYYY	\$	
Total of above lines:	\$	
FINAL AVERAGE EARNINGS: (divide total by 5 or 3 years, as applicable)	\$	

IF THE PARTICIPANT IS APPLYING FOR A DISABILITY RETIREMENT BENEFIT, PLEASE RECORD BELOW THE PARTICIPANT'S AVERAGE MONTHLY EARNINGS FOR THE 12-MONTH PERIOD PRIOR TO TERMINATION: \$ _____.

Note: A Disability Notice of Award from the Social Security Administration must be submitted along with this application if applying for disability retirement benefit, unless the employer's plan has other non-social security certification requirements. Please see Section 6.04 of the Master Plan for additional requirements relating to applications for disability retirement benefits.

Section 6. PARTICIPANT ACKNOWLEDGMENT

I hereby acknowledge that I have reviewed all of the information contained in Sections 1-5 on pages 2 and 3 of this application. I hereby confirm that it is true and correct to the best of my knowledge, including my credited service and earnings information in Sections 4 and 5 of this application. Additionally, I have received and reviewed a copy of the Participant Acknowledgment of Benefit Payment Options form and Participant Confirmation form. I further confirm that I have selected a benefit payment option by initialing it in Section 2 above and I have designated a Beneficiary in Section 3 above if I selected benefit payment option B or C.

Date: _____
 (Month) (Day) (Year) (Participant Signature)



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APPLICATION FOR RETIREMENT PARTICIPANT CONFIRMATION

I hereby acknowledge and accept the following:

- a. My effective retirement date is the first day of the month after: 1) I have terminated employment for retirement purposes (except in the case of certain authorized in-service distributions); 2) I have otherwise satisfied all of the plan's requirements for receipt of a retirement benefit; and 3) my application for retirement has been approved.
- b. I may not change the benefit payment option I have selected on or after my effective retirement date for any reason.
- c. My retirement application will be void and no retirement benefits will be payable to me or any other person if I die before my effective retirement date. However, a pre-retirement death benefit may be payable if the plan so provides.
- d. If I have designated a beneficiary, I may not change my beneficiary designation after my effective retirement date.
- e. If my designated beneficiary dies after I have begun receiving retirement benefits, I cannot designate a new beneficiary. In addition, if my designated beneficiary dies after I have begun receiving benefits, but before me, my benefit will not increase unless I have elected Option B on the Application for Retirement and I meet the requirements for a "pop-up" benefit as described under Option "B" on the "Participant Acknowledgement of Retirement Benefit Payment Options" form (page 1 of Application for Retirement).
- f. If I elect Option A in Section 2 of the Application for Retirement, all monthly retirement benefit payments will end at my death and no further monthly retirement benefits will be payable to any person. However, if I made contributions to the plan and I die before the sum of the monthly retirement payments paid to me after my retirement equals or exceeds the amount of the contributions that I made prior to retirement plus interest, if any, then the balance of my contributions and interest will be paid in a lump sum to my estate. Additionally, if I die before 36 months of retirement payments have been paid to me, a lump sum death benefit in the amount of 36 times my initial monthly retirement benefit *minus* any retirement benefits paid to me will be payable to my surviving spouse if: 1) I am married at the time of my death; 2) my spouse survives me by at least 32 days; and 3) my spouse submits to GMEBS proof of our marriage within 6 months after my death. If I do not have a spouse at the time of my death, or if my spouse does not survive me by at least 32 days, or if my spouse does not provide proof of marriage within 6 months after my death, then the lump sum amount will be paid to my estate.
- g. For Participants Receiving an "In-Service" Retirement Benefit Only. I understand that if I begin to receive a retirement benefit while I am in the service of the employer, then at the time of my re-retirement, my benefit will be actuarially recalculated. The recalculated benefit will take into account additional service with the employer, but an offset will be applied for the actuarial value of retirement benefits I have received while in the service of the employer. Due to the offset, my retirement benefit may not increase. However, my benefit at re-retirement will not be any lower than my initial retirement benefit. Upon re-retirement, I may not change the benefit payment option I selected on my original retirement application or change my original beneficiary designation.
- h. My application for payment of retirement benefits is not complete until I submit to GMEBS a properly completed affidavit confirming my United States Citizenship or otherwise lawful presence in the United States. To confirm my eligibility for benefits, GMEBS will verify my alien registration number (if applicable) through the federal Systematic Alien Verification of Entitlement (SAVE) program or a successor program designated by the United States Department of Homeland Security. Until this verification is made, a properly completed affidavit may be presumed to be proof of my lawful presence for the purpose of receiving retirement benefits. Depending on the outcome of this verification process, my eligibility for retirement benefits could be denied and my benefits could be terminated.

I hereby certify that I have reviewed the information on this Participant Confirmation form and accept the conditions stated above.

Date: _____ / _____ / _____ (Participant Signature)

TO BE COMPLETED BY PENSION COMMITTEE SECRETARY

On this date, before me personally came the person who, to the best of my knowledge and belief, is the person named above as the Participant and who executed the foregoing application. The above application has been reviewed for completeness and accuracy, and has been approved by the Pension Committee.

Date: _____ (Signature of Pension Committee Secretary)



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***Georgia Municipal Employees Benefit System
Affidavit Verifying Applicant's Lawful Immigration Status***

As an Applicant for benefits administered by the Georgia Municipal Employees Benefit System (GMEBS), I, **[print Applicant's First, Middle, and Last Name here]**: _____

state the following under oath [check (1), (2) or (3) below]:

- (1) _____ I am a United States citizen
- (2) _____ I am a legal permanent resident of the United States
- (3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency. My alien registration number* issued by the Department of Homeland Security or other federal immigration agency is: _____.

I also hereby verify that I am 18 years of age or older and have provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit. The secure and verifiable document provided with this affidavit can best be classified as: _____. I understand that this affidavit is not complete until I have provided such documentation.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), _____ (state).

Signature of Applicant:

Date of Signature (Month / Day / Year)

GMEBS Member Employer (please print)

SUBSCRIBED AND SWORN

BEFORE ME ON THIS THE

Notary Public

My Commission Expires: _____

*Note: O.C.G.A. § 50-36-1(e)(2) requires that qualified aliens or non-immigrants under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. If you are a qualified alien but you do not have an alien registration number, you may supply another identifying number, as well as its source (providing government entity), below.

Note to GMEBS Member Employer: This application will not be deemed complete unless a copy of the Applicant's secure and verifiable document, as approved and posted by the Attorney General pursuant to O.C.G.A. § 50-36-2(a)(3), is attached to this affidavit.