EC&B-28
Rev 11/09

EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII
201 Merchant Street, Suite 1400
Honolulu, Hawaii 96813-2980
Phone: (808) 586-1735

ERS Use Only – Staff to complete before issuing to member.
Type of Application
____ Service
____ Disability

RETIREMENT APPLICATION CHANGE FORM

This notice is not effective unless it is received at the Employees' Retirement System **prior** to the effective date of your retirement. Option selections and certain beneficiary designations are irrevocable upon the effective date of retirement. After retirement, option changes are not allowed.

(Please Print)

Name: _____

Social Security Number: _____ Daytime Phone Number: _____

I. CURRENT INFORMATION

Effective Date of Retirement: _____

Retirement Option: _____

II. CHANGE(S)

I wish to make the following change(s) to my retirement application:

1. Effective Date of Retirement: _____
2. Retirement Option: _____

- If you are a Contributory or Hybrid Plan member and select Option Four, you must state the specific Option Four combination – Four (5&Maximum), Four (5&1), Four (5&2), or Four (5&3) – and check the desired Option Four refund amount:

  _____ Pre-1987 nontaxable contributions
  _____ 50%
  _____ 75% (Contributory Plan only)

- A Federal Tax Withholding Certificate should be completed if you are selecting or changing your option.

III. BENEFICIARY DESIGNATION

Complete this section if you are selecting or changing your retirement option. A beneficiary should be designated for all options, however, only **one** beneficiary must be designated for Contributory and Hybrid Plan Options Two, Three, Four (5&2), and Four (5&3), and Noncontributory Options A, B and C. Multiple beneficiaries, a trust, or an estate may be designated for all other retirement options.

Name(s): _____

Relationship: _____ Birth Date: _____

Social Security Number: _____

Mailing Address: _____

_____

IV. SIGNATURE (You must sign this document in the presence of a Notary or an Employees' Retirement System (ERS) representative.)

_____ ERS Authorization: _____

State of Hawaii)
) SS
County of _____)

On this _____ day of _____, 20_____, personally appeared before me the said named _____ to me known and known to me to be the person described in and who executed the foregoing instrument and who acknowledged such execution as being a free and voluntary act and deed.

Affix your
Official Seal

_____
Notary Public, State of Hawaii
My commission expires _____