

**Instructions for Completing Service Retirement Application – Form 18-N
(Noncontributory Plan)**

An application for retirement must be received in the Employees' Retirement System (ERS) office as early as 150 days before but not less than 30 days before the retirement date. Your retirement date must be the 1st of the month except for December when retirement can be either the 1st of the 31st of the month. It cannot be the same day as your last day of work.

The following instructions will help you complete the application form. Please call the ERS Honolulu office at (808) 586-1735 if you need further assistance.

I. PERSONAL DATA

Name: Last, first, and middle name.

Social Security Number: Your 9-digit number.

Mailing or PO Box Address: Address for the receipt of ERS mail. (Note: Any change in your mailing address must be reported to the ERS in writing to ensure proper delivery of notices, statements, and tax forms to you).

Retirement Date: Your retirement date must be the 1st day of a month or the 1st or 31st day of December. It cannot be the same day as your last day of work.

Date of Birth: The month, day, and year of your birth. Please provide both the original document and a photocopy of it for birth date verification. Acceptable documents include:

- Certified copy of your birth certificate; or
- Original baptismal certificate recorded before age five; or
- Written verification from Social Security if you are age 62 or over.

If one of the above is not available, submit any two of the following:

- Original baptismal certificate/religious record with birth date or age and recorded after age five
- Valid Hawaii driver's license
- Hawaii State Identification card
- Passport
- Foreign passport with birth date or age
- Marriage record with birth date or age
- Naturalization record with birth date or age
- Voter registration record
- Census record
- Military record with birth date or age
- Hospital treatment record with birth date or age
- Life insurance policy
- Elementary school record
- Child's birth certificate with age of member/parent

Position or Job Title/Department/Division or School: Your position or job title, the name of the Department and/or Division you are employed with, and/or the name of the school where you work.

Employer: Check off whether you work for the State, County (identify which County), or Board of Water Supply.

Deposit Check To: Name of Financial Institution where you want your monthly pension checks to be deposited. Specify whether it's a checking account (attach voided check) or savings account (attach deposit slip), and provide the account number. You will receive a monthly pension, which will be paid at the end of each month.

Daytime/Home/Cellular Phone: Enter the appropriate number for each.

II. RETIREMENT OPTIONS

Carefully read the information on “Retirement Information” enclosure. Select only one retirement option.

You should select an option at the time you file your retirement application. You may change your option at any time **prior** to your retirement date. Option changes are **not allowed** once your retirement is effective.

III. BENEFICIARY DESIGNATION

List your beneficiary’s name, social security number, their relationship to you, and their date of birth.

Multiple beneficiaries, a trust, or an estate may be designated for the Maximum Allowance option only. Only one beneficiary may be designated for Options A, B, or C. If you select an option that allows designation of multiple beneficiaries, provide the Social Security number of the first beneficiary. Also, clearly indicate the proportionate share each beneficiary should receive. For example, “In equal shares or to whoever survives.”

If you select Options A or B, you must provide verification of your beneficiary’s birth date. (Please refer to the list of acceptable documents on the front page of these instructions).

IV. SIGNATURE

You must sign the application in the presence of a Notary or an ERS representative. Your signature may be witnessed at the ERS office or retirement filing session at no charge. However, appropriate identification is required.

NOTE: IF YOU ARE MAILING IN YOUR APPLICATION, PLEASE BE SURE ALL NECESSARY DOCUMENTS ARE ATTACHED. IDENTIFY EACH DOCUMENT WITH YOUR NAME AND SOCIAL SECURITY NUMBER. APPLICATION MUST BE SIGNED AND NOTARIZED.

OTHER

Complete and submit the following, as applicable:

I. IRS FORM W4P – WITHHOLDING CERTIFICATE FOR PENSION OR ANNUITY

All pensioners are required to submit this for federal income tax withholding on monthly pension payments. Refer to instructions for this form.

II. ERS 182 – SPOUSAL/CIVIL UNION PARTNER/RECIPROCAL BENEFICIARY NOTIFICATION

Indicate your relationship status and, if applicable, provide the name and address of your spouse, civil union partner, or reciprocal beneficiary.

EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII

201 MERCHANT STREET, SUITE 1400, HONOLULU, HAWAII 96813-2980

Phone: (808) 586-1735 or Neighbor Island: Hawaii 974-4000, ext. 61735, Maui: 984-2400, ext. 61735, Kauai: 274-3141, ext. 61735
Molokai/Lanai: 1-800-468-4644, ext. 61735

SERVICE RETIREMENT APPLICATION
(Noncontributory Plan)

Date _____, 20____

To the Board of Trustees:

In accordance with the provisions of law governing the operation of the Employees' Retirement System (ERS) of the State of Hawaii, the undersigned, a member of ERS, hereby applies for retirement from active service.

I. PERSONAL DATA: (Please print or type)

Name: _____ Social Security Number: _____

LAST FIRST MIDDLE

Mailing/ PO Box Address: _____
Street Apt. No. City State Zip code

Retirement Date: ____/____/____ Date of Birth: ____/____/____ Marital Status: [] Single [] Married
MONTH DAY YEAR MONTH DAY YEAR

Position/Job Title, Dept., Division or School: _____

Employer: (Check one) [] State of Hawaii [] County of _____ [] Board of Water Supply

Deposit Check to: Financial Institution Name: _____

[] Checking (attach voided check) [] Savings

Account No. _____ Bank Routing No. (ACH) _____

Daytime Phone: _____ Home Phone: _____ Cellular Phone: _____

II. RETIREMENT OPTIONS: (Select one only)

I have read the information on selecting a retirement option and I select the following retirement option:

[] Maximum Allowance [] Option A (50% Survivor) [] Option B (100% Survivor) [] Option C (10-Yr Guarantee)

III. BENEFICIARY DESIGNATION: This section must be completed for all options. Only one beneficiary may be designated for Options A, B, & C. Multiple beneficiaries, a trust, or an estate may be designated for the Maximum Allowance only.

Name: _____ Social Security Number: _____

Relationship: _____ Date of Birth: ____/____/____
MONTH DAY YEAR

IV. SIGNATURE: This application must be signed in the presence of an ERS representative or a Notary Public.

Signed _____ Date _____ ERS Representative _____

State of Hawaii)
County of _____) SS.

On the ____ day of _____, 20____ personally appeared before me the said named _____
_____ to me known 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 _____
My commission expires _____