

RETIREMENT APPLICATION CHANGE FORM

This form is not effective unless it is received at the Employees' Retirement System (ERS) **prior** to the effective date of your retirement. Form must be signed in the presence of a Notary or an Employees' Retirement System (ERS) Representative.

(Please Print)

Name: _____ Social Security Number: _____

I. CURRENT INFORMATION

Effective Date of Retirement: _____ Retirement Option: _____

II. CHANGE(S)

Please 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 only)
 Note: Refund options are only available to Hybrid/Contributory Members with at least 10 years of credited service.
 - If you are changing to a refund option (Four or Five), a Direct Rollover Options form (EC&B 123B) must be completed to specify the distribution of these monies.

III. BENEFICIARY DESIGNATION

Complete this section if you are changing your retirement option and/or beneficiary. A beneficiary must be designated for all options, however, only **one** beneficiary can 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): _____ Social Security Number: _____

Relationship: _____ Birth Date: _____

Mailing Address: _____

(Optional) Contact Phone/Email Address: _____

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

Signed _____ Date _____ ERS Representative _____

Representative: If signing as Powers of Attorney Agent(s), Guardian, or Conservator, please the check box; and submit a copy of the document authorizing you to act in this capacity.

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 _____

Notary Public Certification

Doc. Date: _____ No. of Pages: 1 Document Description: Service Retirement Application

Notary Name: _____ Circuit: _____ Affix your official seal

Notary Signature: _____ Date: _____