

Instructions for Completing Service Retirement Application

The following instructions will help you complete the Service Retirement Application - Form 18.

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. 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.

Position Title: Your position or job title.

Department/Division or School: 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.

Contact Phone Number: Provide the best phone number where the ERS can reach you during our business hours for any questions regarding your retirement benefits.

Home, Cellular Phone: Check appropriate box(s) for the contact phone number provided.

Email Address: Provide an email address for an optional method of contact.

II. RETIREMENT OPTIONS

Select your retirement plan and only one retirement option. Enclosed is the "Features of Retirement Plan Options" which provides an explanation of options available.

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. 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."

IV. SIGNATURE

You must sign the application in the presence of a Notary or an ERS representative.

REQUIRED DOCUMENTS

1. Government issued identification for verification of signature. Acceptable identification include:
 - Driver's license
 - State ID
 - Passport
 - Military ID

2. Proof of your birth date. In addition, you must provide verification of your beneficiary's birth date if you select a 50% or 100% Survivor Option which provides for a lifetime benefit for the designated beneficiary.

Acceptable documents include one of the original document listed below:

- 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 originals 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

Please contact our ERS Offices at any of the following locations if you need any further assistance.

Office Hours: 7:45 am – 4:30 pm (except holidays)

Oahu	City Financial Tower 201 Merchant Street , Ste. 1400 Validated Parking in the building	(808) 586-1735
Hawaii	101 Aupuni St., #208 Hilo, Hawaii 96720	(808) 974-4077 (808) 974-4000 Ext. 61735 (toll free to Oahu)
Kauai	3060 Eiwa St., #302 Lihue, Hawaii 96766	(808) 274-3010 (808) 274-3141 Ext. 61735 (toll free to Oahu)
Maui	54 S. High St., #218 Wailuku, Hawaii 96793	(808) 984-8181 (808) 984-2400 Ext. 61735 (toll free to Oahu)
Molokai/Lanai		1-800-468-4644 Ext. 61735 (toll free to Oahu)

Email: dbf.ers.sss@hawaii.gov

EMPLOYEES' RETIREMENT SYSTEM
OF THE STATE OF HAWAII
201 MERCHANT STREET, SUITE 1400, HONOLULU, HAWAII 96813-2980
Phone: (808) 586-1735 Fax: (808) 587-5766

SERVICE RETIREMENT APPLICATION

To the Board of Trustees: _____ Date _____, 20____
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 service retirement.

I. PERSONAL DATA: (Please print or type)

Name: _____ Social Security Number: _____

LAST FIRST MI
Mailing or 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 Title _____ Department/Division or School: _____

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

Contact Phone: _____ [] Home [] Cell [] Work Email Address: _____

II. RETIREMENT OPTIONS: I have read the information on selecting a retirement option and I select the following retirement option.

- | | | |
|----------------------------------|--|---------------------------------------|
| <input type="checkbox"/> HYBRID | <input type="checkbox"/> NONCONTRIBUTORY | <input type="checkbox"/> CONTRIBUTORY |
| ____ Maximum Allowance | ____ Maximum Allowance | ____ Maximum Allowance |
| ____ Option One | ____ Option A (50% Survivor) | ____ Option One |
| ____ Option Two (100% Survivor) | ____ Option B (100% Survivor) | ____ Option Two (100% Survivor) |
| ____ Option Three (50% Survivor) | ____ Option C (10-Yr Guarantee) | ____ Option Three (50% Survivor) |

Refund options below are only available to Hybrid/Contributory Members with at least 10 years of credited service.

____ Option Four (Five & ____ Refunds: ____ Pre-1987 ____ 50% ____ 75% (Contributory only) ____ Option Five (100% Refund)

III. BENEFICIARY DESIGNATION: A beneficiary must be designated for all options, however, only one beneficiary may be designated for Hybrid/Contributory options Two, Three, Four (5 & 2) and Four (5 & 3) and Noncontributory options A, B, or C. Multiple beneficiaries, a trust, or an estate may be designated for all other options.

Name: _____ Social Security Number: _____
LAST FIRST MI

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 _____

Notary Public Certification

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

Notary Name: _____ Circuit: _____ Affix your official seal

Notary Signature: _____ Date: _____