



Employees' Retirement System
of the State of Hawaii

Example for filling in application included in retirement packet

Posted November 18, 2020

For those planning to file for retirement, the Employees' Retirement System is providing an example to assist you when completing Form 18 "Service Retirement Application." Please refer to the example below. We also included this example in our Retirement Application Packet and Retirement Application Form, which can be found on our website

<https://ers.ehawaii.gov/resources/all-forms#Forms> or can be mailed to you upon request.

Please note that the Form 18 must be completed properly for ERS to process your retirement timely. If you have any questions, contact us <https://ers.ehawaii.gov/resources/contact-us>.

Form 18
Rev. 8/2016

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

SAMPLE

SERVICE RETIREMENT APPLICATION

To the Board of Trustees: _____ Date October 1, 2020
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: DoE, John A Social Security Number: 123-45-6789
LAST FIRST MI
Mailing or PO Box Address: 201 Merchant Street, Suite 1400 Honolulu, Hawaii 96813
STREET APT. NO CITY STATE ZIP CODE

Retirement Date: 1st of a month or 12/31 Date of Birth: 01 / 01 / 1955 Marital Status: [] Single [X] Married
MONTH DAY YEAR

Position Title: Teacher Department/Division or School: Dept of Education, McKinley High School
Employer: (Check one) [X] State of Hawaii [] County of _____ [] Board of Water Supply

Contact Phone: (808) 586-1735 [] Home [X] Cell [] Work Email Address: dbf.ers.sss@hawaii.gov

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

[X] HYBRID [] NONCONTRIBUTORY [] CONTRIBUTORY
Maximum Allowance Maximum Allowance Maximum Allowance

Check only 1 plan & select option or refund option.
Sign into Member information module at ERS website: ers.ehawaii.gov

Refund options below are only available to Hybrid/Contributory Members with at least 10 years of credited service.
[X] Option Four (Five & 2) Refunds: ___ Pre-1987 [X] 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: Name of Beneficiary used to calculate your estimate options SSN: 111-22-3333
Relationship: spouse Date of Birth: 02 / 02 / 1955
MONTH DAY YEAR

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

Signed: Sign in presence of a notary or an ERS representative 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: _____

WHITE - ERS Copy YELLOW - Member's Copy