

### 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 (ERS-123B) must be completed to specify the distribution of these monies. Form W-4R must be submitted if withholding is greater than 20%.

#### 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 check the 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: \_\_\_\_\_