



ALLEGHENY COUNTY
EMPLOYEES' RETIREMENT SYSTEM

RETIREMENT APPLICATION

Name _____ Phone _____

Address _____

Employee # _____ Last 4 SSN# _____ Last Day of Work _____

Please elect one of the following options:

- I choose to forfeit my right to a monthly pension benefit and have my contributions, plus interest, refunded to me. **NOTE:** Please contact the Retirement Office for the Lump Sum Election and Spousal Acknowledgement Forms that must accompany this election.
- I choose to receive a LIFE ONLY monthly pension benefit. All of the following forms must be completed and returned to the Retirement Office for your application to be processed.

| Application Forms | ✓ completed forms |
|--|-------------------|
| Copy of Your Department Resignation/Retirement Letter | |
| W-4P (Federal Tax Withholding Form) | |
| Direct Deposit (Must attach voided check) | |
| Lump Sum Beneficiary | |
| County Paid Group Term Life Insurance Beneficiary | |
| Additional Retiree Paid Group Term Life Insurance | |
| Survivorship (And Notarized Spousal Acknowledgement, if Married) | |

- I choose to receive a JOINT LIFE / SURVIVOR monthly pension benefit. **All of the above** forms plus the following must be completed and returned to the Retirement Office for your application to be processed.

| Application Forms | ✓ completed forms |
|---|-------------------|
| Copy of Marriage License & Spouse's Birth Certificate | |

Other instructions:

- All paperwork must be received by the end of the month in which your final employer paycheck is issued.
- Benefits are subject to Retirement Board approval.
- Your first benefit payment is retroactive to the day after your last day worked; your last pay or date of termination; whichever is later.

Signature _____ Date _____