



**ARIZONA STATE RETIREMENT SYSTEM (ASRS)
RE-RETIREMENT APPLICATION**

PLEASE PRINT

COMPLETE AND SEND TO:
ASRS – New Retiree
PO Box 33910
Phoenix, AZ 85067-3910

Phoenix (602) 240-2000
Tucson (520) 239-3100
Toll-Free (800) 621-3778
www.azasrs.gov

Disclosure of your Social Security number is mandated by Section 6109 of the Internal Revenue Code. The ASRS will use Social Security numbers only to obtain information about your ASRS account and to inform the Internal Revenue Service about distributions and withholdings.

Instructions: Complete Sections 5 and 6 ONLY if you suspended your annuity and returned to work for an ASRS employer for a minimum of sixty consecutive months. (Five years not including any service purchases.)

SECTION 1 – Member Information

Social Security Number	Name (Last)	(First)	(Middle Initial)	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Current Mailing Address			Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married	
City	State	ZIP	Date of Birth (MM/DD/YYYY)	
Personal Email Address	Primary Phone ()	Secondary Phone ()	Mobile Phone ()	

SECTION 2 – Retirement Date

Re-Retirement Date (At least one day after Termination Date.) _____ (MM/DD/YYYY)

- Note:**
- A retirement date must be listed or your application will be rejected. The retirement date must be at least one day **after** your termination date and may not be prior to the date your application is received by the ASRS.
 - Your pension will be suspended** if you return to work for an ASRS employer and work 20 or more hours a week for 20 or more weeks in a fiscal year or if you accept a 20+ hour/week position. The only exceptions are the following:
Normal retiree: You wait 365 days from your termination date to accept a 20+ hour/week position.
Early retiree: You achieve normal retirement and wait 12 months from your termination date to accept a 20+ hour/week position.

SECTION 3 – Direct Deposit – Complete this section and attach a voided check.

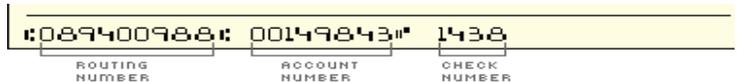
If you do not elect direct deposit, your monthly pension will be issued on a reloadable ASRS benefit card.

Deposit directly into my (check only one) Checking Account Savings Account

Banking Institution _____

Routing # _____ Account # _____

The routing number is always 9 digits for a U.S. check.



Your monthly pay summary will be available online at www.azasrs.gov



SECTION 4 – Additional Notifications

- I request the outstanding balance be computed on my Payroll Deduction Authorization for a possible pay off at re-retirement.
- I have a current service purchase request in process.



ARIZONA STATE RETIREMENT SYSTEM (ASRS)

RE-RETIREMENT APPLICATION

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
------------------------	--------------------	---------	------------------

SECTION 5 – Benefit Election

Complete this section **ONLY** if you suspended your annuity and returned to work at least sixty consecutive months; otherwise, by law you will be re-retired with the same retirement option and beneficiary(ies) selected at your first retirement.

Married members of the ASRS are required to elect one of the following retirement options with your current spouse as primary beneficiary:

- Joint & Survivor – 100%
- Joint & Survivor – 66 2/3%
- Joint & Survivor – 50%

Married members who choose a Joint and Survivor option with a non-spouse beneficiary, or choose any other retirement option are required to submit a notarized **Spousal Consent** Form with this application.

- | | |
|---|--|
| <input type="checkbox"/> Straight Life Annuity | <input type="checkbox"/> Joint and Survivor – 100%* |
| <input type="checkbox"/> Life Annuity – 5-Year Certain | <input type="checkbox"/> Joint and Survivor – 66 2/3%* |
| <input type="checkbox"/> Life Annuity – 10-Year Certain | <input type="checkbox"/> Joint and Survivor – 50%* |
| <input type="checkbox"/> Life Annuity – 15-Year Certain | |

* For **Joint and Survivor**, a **copy** of proof of beneficiary's birth date is required (unless the beneficiary is a member of the ASRS).

* Write both the member's and beneficiary's name and SSN on the document you are submitting.

SECTION 6 – Beneficiary Information

Complete this section **ONLY** if you suspended your annuity and returned to work at least sixty consecutive months. Otherwise, by law you will be re-retired with the same retirement option and beneficiary(ies) selected at your first retirement.

For additional beneficiaries, download a *Beneficiary* form at www.azasrs.gov to submit with your Re-Retirement application.

<input checked="" type="checkbox"/> Primary		Percent of Benefit: _____ %	
<input type="checkbox"/> SSN or <input type="checkbox"/> TIN	Beneficiary Name: <input type="checkbox"/> Person (Last, First, Middle) <input type="checkbox"/> Estate <input type="checkbox"/> Organization <input type="checkbox"/> Trust		
Date of Birth (MM/DD/YYYY)	Gender (Check One) <input type="checkbox"/> Male <input type="checkbox"/> Female	Legal Relationship (Check One) <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other	Phone Number ()
Mailing Address	City	State	ZIP

- Optional Health Insurance Premium Benefit Program** - Allows new retirees the option of providing a continuation of their Health Insurance Premium Benefit to their Primary beneficiary upon their death in exchange for a permanent reduction in their premium benefit. *(This option is not available with the Straight Life Annuity option.)*

SECTION 7 – Acknowledgments and Signatures

- My signature confirms my intent to re-retire and applies to all the sections included in this Re-Retirement Application.
- I understand that as a re-retiree, I must keep the same retirement option and beneficiary I selected at my first retirement unless I have resumed work for at least sixty consecutive months (5 years). After re-retirement I may change my named beneficiary by submitting a *Beneficiary Form* and I understand this may change my monthly annuity.
- I acknowledge that I have complied with Arizona Revised Statutes §§ 38-755 and 38-766 regarding spousal consent.
- I certify that I have read and understand the instructions and the *Special Tax Notice Regarding Plan Payments*.
- I authorize the ASRS and the banking institution listed on page 1 to debit my account for the purposes of correcting errors and returning any payments inadvertently made after my death.
- I understand that any person who knowingly makes any false statement with intent to defraud the ASRS is guilty of a Class 6 felony in accordance with the Arizona Revised Statute § 38-793.

Member Signature	Date
------------------	------