



**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 3 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 – 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 4 – Direct Deposit – Complete this section and attach a voided check.**

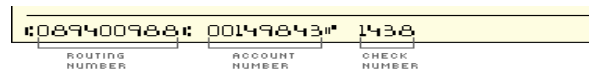
*If you do not elect direct deposit, your monthly pension will be issued on a reloadable ASRS Visa Debit card.*

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

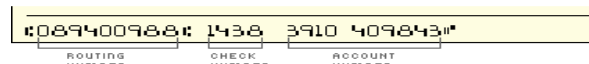
Banking Institution \_\_\_\_\_

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](http://www.azasrs.gov)



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**RE-RETIREMENT APPLICATION**

Social Security Number	Member Name (Last)	(First)	(Middle Initial)
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**SECTION 5 – Additional Notifications**

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

**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](http://www.azasrs.gov) to submit with your Re-Retirement Application.

<input checked="" type="checkbox"/> <b>Primary</b>		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		U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No
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, Signature and Notarization**

- 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
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State of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 County of \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me personally appeared \_\_\_\_\_  
(name of signer)

whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed above.

(seal)

Notary Public \_\_\_\_\_