



Re-Retirement Application

Phoenix: (602) 240-2000
 Toll-free: (800) 621-3778
 Online: AzASRS.gov
 Mailing Address: PO Box 33910 Phoenix, AZ 85067-3910

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 7 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 <u>after</u> Termination Date.) _____(MM/DD/YYYY)				
Note:				
<ul style="list-style-type: none"> 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: <u>Normal retiree:</u> You wait 365 days from your termination date to accept a 20+ hour/week position. <u>Early retiree:</u> 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 <u>sixty consecutive months</u> ; 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:				
<ul style="list-style-type: none"> Joint & Survivor – 100% Joint & Survivor – 66 2/3% Joint & Survivor – 50% 				
Married members who choose a Joint and Survivor option with a <u>non-spouse</u> 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 – Lump Sum Retirement				
Complete this section ONLY if you previously received a Lump Sum Retirement. If applicable, the ASRS will disburse a one time Lump Sum retirement benefit in lieu of a monthly annuity. The Lump Sum benefit will be paid directly to you with applicable taxes withheld. If you prefer a rollover of the Lump Sum amount, complete the section below.				
TYPE of Account (Select one)		Name of Institution		
<input type="checkbox"/> Traditional IRA <input type="checkbox"/> Roth IRA <input type="checkbox"/> Eligible Plan				
Account Number		Institution Address		

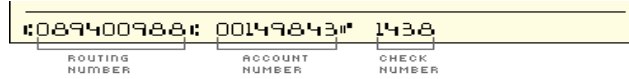
SECTION 5 – Direct Deposit – Complete this section and attach a voided check.

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 # _____



SECTION 6- Partial Lump Sum (PLS) Distribution

Complete this section **ONLY** if you suspended your annuity and returned to work at least sixty consecutive months;

Choose only one option; if not choosing a PLS, leave Section 6 blank.

PLS Increments # _____ (1 to 36 months) *May take up to 90 days for processing*

**This election results in a reduced annuity for life.*

**This election is not applicable to Lump Sum retirement (see Section 4).*

Once the number of PLS increments is chosen and your retirement date has passed, you cannot change your PLS election.

Option #1 – PLS Direct To Member

Note: With this election, the ASRS is required to withhold 20% of the taxable amount for Federal Income Tax withholding and 5% of the gross amount for Arizona state tax (regardless of state of current residence).

Option #2 – PLS Rollover

TYPE of Account (Select one.)

Traditional IRA Roth IRA Eligible Plan

PAYMENT to Rollover (Select one.)

All PLS Rollover

Partial Rollover \$ _____

Remaining PLS will be sent directly to you with applicable taxes withheld.

Name of Institution

Institution Address

Account Number

SECTION 7 – 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 8 – 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		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 9 – 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 2 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 _____

