MARYLAND STATE RETIREMENT AGENCY 120 EAST BALTIMORE STREET BALTIMORE, MD 21202-6700



APPLICATION FOR MEMBERSHIP

Retirement Coordinator's Complete Signature/Date

FOR RETIREMENT USE ONLY

FORM 1 (REV. 7/19)

SECTION ONE — TO BE COMPLETED BY APPLICANT APPLICANT'S SOCIAL SECURITY NUMBER APPLICANT'S NAME HOME ADDRESS First Initial Last Home Phone Number 1. Have you ever been a member of the Maryland State Retirement and Pension System? 2. Have you ever been a member of the Optional Retirement Plan (ORP)? 3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System?	
APPLICANT'S NAME HOME ADDRESS First Initial Last Number and Street City State Zip Code Home Phone Number 1. Have you ever been a member of the Maryland State Retirement and Pension System?	
APPLICANT'S NAME HOME ADDRESS First Initial Last Number and Street City State Zip Code Home Phone Number Home Email Address 1. Have you ever been a member of the Maryland State Retirement and Pension System?	
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Home Phone Number Home Email Address 1. Have you ever been a member of the Maryland State Retirement and Pension System?	
 Have you ever been a member of the Maryland State Retirement and Pension System?	
 Have you ever been a member of the Optional Retirement Plan (ORP)? Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? 	
Maryland or any political subdivision of Maryland?	res
I certify that all statements made on this application are correct. I authorize any required deductions from my sa prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have understand the transfer provisions. Applicant's Complete Signature Date	
SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR	
A. IS THE APPLICANT A PERMANENT EMPLOYEE?	es 🗆 No 🗆
If part-time, what percentage of time is the applicant employed?	
B. When did applicant begin present continuous service?	r
D. Is applicant's current position Optional Retirement Plan (ORP) eligible?Ye	
If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 6	
Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learnin	ng.
What is the applicant's applied to applied the applicant's applied to detail being?	
 E. What is the applicant's annual salary? \$ What is the applicant's annual standard hours? F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requ 	
· · · · · · · · · · · · · · · · · · ·	∕es □ No □ s new
F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility request. Y G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this	/es □ No □ s new /es □ No □

Telephone #

INSTRUCTIONS

<u>Purpose of this Form:</u> The Application for Membership form provides the Maryland State Retirement Agency ("Agency") with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System ("System").

Instructions for Applicant (Section One):

- 1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
- 2. Review and answer all of the questions in **Section One**. Note that if you answer "Yes" to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
- 3. Sign and date the form.
- 4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver's license, Maryland identification card, birth certificate, and United States passport.
- 5. It is <u>strongly recommended</u> by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

<u>Instructions for Retirement Coordinator (Section Two):</u>

- Review the applicant's answers to questions 1-5 in Section One.
 If the applicant answered "Yes" in question 3, please call the Agency to determine if he or she should be enrolled in the System.
- 2. Use a pen, print clearly, and answer questions A G in **Section Two**. Pay particular attention to questions D and G. If in question D, you have indicated that the applicant's current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.
 If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
- 3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
- 4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
- 5. Sign and date the form.
- 6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

- 1. The applicant's employment must be continuous, meaning a change in jobs without a break in employment.
- 2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement of pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) and *Election to Transfer Service* (Form 37) must be submitted to the Agency.

If you need help to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.

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MARYLAND STATE RETIREMENT AGENCY 120 EAST BALTIMORE STREET BALTIMORE, MARYLAND 21202-6700



DESIGNATION OF BENEFICIARY

IMPORTANT : Please return completed form to the instructions first. Fill in all sections. Retain	o the address listed above. Print clearly and read a copy for your records. FOR RETIREMENT USE ONLY FORM 4 (REV. 3/21)	
APPLICANT'S SOCIAL SECURITY NUMBER	CHECK ONE: ☐ Active ☐ Vested ☐ Retired (If retiring, retirement date)	
	IMPORTANT: If you are retired under Option 2, 3, 5 or 6, STOP . You cannot use this form. You	
	must complete a Form 66 to initiate any beneficiary changes.	
APPLICANT'S NAME		
First HOME ADDRESS	Initial Last	
Number and Street		
City	State ZIP Code	
PRIMARY BENEFICIARY(IES) All money shat to the primary beneficiary(ies) who are living at BENEFICIARY'S NAME RELATIONSH	the time of my death. to name additional primary beneficiaries. Gender: Birthdate: Birt	
BENEFICIARY'S ADDRESS BENEFICIARY'S NAME RELATIONSH First BENEFICIARY'S ADDRESS	IP Gender: Birthdate: Month Day Year Initial Last	
CONTINGENT BENEFICIARY(IES) If all prima be paid in equal shares to the following person BENEFICIARY'S NAME RELATIONSH First BENEFICIARY'S ADDRESS	(s) who are living at the time of my death. name additional contingent beneficiaries. Gender: Birthdate:	
BENEFICIARY'S NAME RELATIONSH First BENEFICIARY'S ADDRESS	IP Gender: Birthdate: Month Day Year Initial Last	
TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay any benefits due upon my death to my designated beneficiary(ies). I agree on behalf of my estate, heirs, and assigns that payment by the agency releases the agency from any further obligation regarding these benefits. I direct the agency to pay any benefits to my estate if I have not designated any beneficiary(ies) or if they all die before me. I understand that I may change my beneficiary(ies) at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand that payment due to a minor shall be made only to a legally appointed adult. SIGN IN THE PRESENCE OF A NOTARIAL OFFICER (Notary Public, Clerk of the Court, etc.) Signature Date Signed Distribution of Beneficiary (ies). I direct the agency to pay any benefits due upon my death to my designated beneficiary(ies). I direct the agency to pay any benefits to my estate, heirs, and assign that payment by the agency to pay any benefits due upon my death to my designated beneficiary(ies). I direct the agency to pay any benefits to my design the agency form any further obligation regarding these benefits. I direct the agency to pay any benefits to my design the agency form any further obligation regarding these benefits. I direct the agency to pay any benefits to my design the selection of Beneficiary (ies) and the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obligation regarding these benefits. I direct the agency form any further obl		
Sign in the Preser	nce of a Notarial Officer (Notary Public, Clerk of the Court, etc.)	
	unty of (or City of Baltimore)	
Official stamp By must be affixed ∫	nis form was acknowledged before me on the day of, 20, / Name of individual whose signature is being acknowledged*	
Title of office (Notary Public Clerk of t	gnature of Notarial Officer	

☐ Check here if this notarial act involved a remotely located individual and the use of communication technology.

* IMPORTANT: If the name of the individual whose signature is being notarized is not filled in, this form will be invalid and have no legal effect.

PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

1. Important terms/definitions:

- a. Active Member: a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- Vested Member or Former Member: a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. Retiree: an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. Primary Beneficiary: person(s) to receive any benefits payable on your death
- e. Contingent Beneficiary: person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an <u>Active Member</u> or a <u>Vested Member</u> or Former Member, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

Important note for active members who are married: If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your sole/only primary beneficiary.

If you are a Retiree, use this form to change your beneficiary(ies) only if you chose the Basic Allowance. Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You may not use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at sra.maryland.gov or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

Important note for participants of more than one State system: If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for <u>each</u> system. Members of the Judges'

Retirement System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

Minors: You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

Your estate: You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

Trustee: If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

Church or charitable organization: List the complete corporate or legal name.

6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

7. Notarization

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

Important note for all individuals filing this form: This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.

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