Advanced Application

Form 16 – Revised 07/22/2024

Please print or type in black ink. Completed form should be mailed or faxed to PERS and must be on file with PERS at the time of member's death to ensure benefit allocation wishes are followed should the member die before retirement. See bottom of form for contact information.

❶ Member Information – *Attach a copy of member's birth certificate.*

First Name: _____ MI: _____ Last Name: _____ Gender: ☐ M ☐ F

Social Security No.: _____ Birth Date *mm/dd/ccyy*: _____ E-Mail: _____

Marital Status – *Select one.* ☐ Single ☐ Married ☐ Divorced ☐ Widowed Marriage, Divorce, or Widowed Date *mm/dd/ccyy:* _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ ☐ Cellular ☐ Home ☐ Work Phone: _____ ☐ Cellular ☐ Home ☐ Work

❷ Retirement Plan – *Select applicable plan.*

☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Mississippi Highway Safety Patrol Retirement System (MHSPRS)

☐ Supplemental Legislative Retirement Plan (SLRP)

❸ Benefit Payment Option / Beneficiary Designation – *Before completing this section, contact PERS for an Estimate of Benefits to determine whether you are eligible to file this* Advanced Application. *After obtaining an Estimate of Benefits from PERS,* ***select one base option****, then make your beneficiary designation following the applicable instructions. Attach an additional sheet if needed for beneficiary listing. Attach a copy of the birth certificate or driver's license for each beneficiary listed.*

JOINT AND SURVIVOR ANNUITY BASE OPTIONS - *One to Two Beneficiaries (Applicable for PERS, SLRP, and MHSPRS)*

☐ **Option 2 |** 100%, One Beneficiary ☐ **Option 3 |** 100%, Two Beneficiaries ☐ **Option 4 |** 75%, One Beneficiary ☐ **Option 4A |** 50%, One Beneficiary

Beneficiary Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Relationship**	**Gender**
Primary: _____	_____	_____	_____	☐ M ☐ F
Secondary *(Option 3 only)*: _____	_____	_____	_____	☐ M ☐ F

GUARANTEED PAYMENT PERIODS, FIXED ANNUITY BASE OPTIONS - *One or More Beneficiaries (Applicable for PERS, SLRP, and MHSPRS) – Designate any and all primary beneficiaries to receive a monthly benefit amount based on the percentages you indicate (use whole numbers). Should all primaries precede you in death, your remaining account balance will be distributed in accordance with Mississippi law.*

☐ **Option 4B-10 |** 10-Year Certain ☐ **Option 4B-15 |** 15-Year Certain ☐ **Option 4B-20 |** 20-Year Certain

Beneficiary Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Relationship**	**Percentage**	**Gender**
_____	_____	_____	_____	_____ %	☐ M ☐ F
_____	_____	_____	_____	_____ %	☐ M ☐ F
_____	_____	_____	_____	_____ %	☐ M ☐ F
_____	_____	_____	_____	_____ %	☐ M ☐ F
_____	_____	_____	_____	_____ %	☐ M ☐ F

❹ Partial Lump Sum Option (PLSO) – *Refer to your current Estimate of Benefits to determine if you are eligible to select the PLSO for the beneficiary.*

☐ **Not Eligible** ☐ **No Lump Sum** ☐ **12-Month Lump Sum** ☐ **24-Month Lump Sum** ☐ **36-Month Lump Sum**

❺ Applicant Authorization

By filing Form 16, *Advanced Application*, I revoke any previous option selection or beneficiary designation on file with PERS. I have reviewed and understand all options available to me and my designated beneficiary(ies) and agree that the option selected and beneficiary(ies) I have designated above shall be effective from the time this form is filed with PERS in the event of my death prior to my actual retirement. Furthermore, I reserve the right to change the above option and/or beneficiary designation(s) by filing another Form 16 at any time prior to my death or my actual retirement. At the time of actual retirement, I will complete the process of applying for retirement benefits and make my final choice of option. *If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Applicant's Signature: _____ Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
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