Waiver of Benefits

Form 22 – Revised 07/22/2016

Please print or type in black ink. Completed form and accompanying Notary Public Acknowledgement should be mailed or presented both forms to PERS. See bottom of form for contact information.

❶ Benefit Recipient Information

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

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

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)

☐ Municipal Retirement Systems (MRS) City: _____

❸ Benefit Recipient Certification – *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.*

I understand that I am entitled to certain benefits from the retirement system plan selected above, and that I am not required to sign this waiver of benefits. I agree and bind all heirs and assigns to forever hold PERS harmless from any claim to such waived retirement benefits. I further understand that this waiver of benefits is irrevocable and effective upon receipt in the PERS office. I certify that I am signing this waiver of my own free will without promise of gain or any undue influence from any source. With this understanding, I choose to: *Select and complete all that apply*.

☐ I waive receipt of all my monthly retirement benefits.

☐ I waive receipt of $ _____ per month of my retirement benefit. *Circle the span of consecutive months to waive benefits.*

January February March April May June July August September October November December

☐ I waive all future Cost-of-Living Adjustment (COLA) payments beginning *mm/dd/ccyy:* _____.

☐ I waive all future increases of my Cost-of-Living Adjustment (COLA) benefits, capping it at $ _____.

Although the completion of this form may be effective as to the waiver of all or a portion of benefits from the System, such form may or may not be accepted by other governmental agencies to qualify for other governmental benefits. This waiver applies only to the retirement benefits paid through the plan selected in step 2 of this form.

Benefit Recipient's Signature *Sign in presence of notary*: _____Date *mm/dd/ccyy*: _____

Public Employees' Retirement System of Mississippi
429 Mississippi Street, Jackson, MS 39201-1005 800.444.7377 601.359.3589 601.359.5261, *fax* www.pers.ms.gov

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Notary Public Acknowledgement

Revised 01/15/2020

Please print or type in black ink. ***Complete this form and sign the corresponding form checked in Section 1 in the presence of the notary.*** *Once notarized and signed, attach corresponding form and submit both forms to PERS.*

❶ Member/Retiree Information and Certification - *Complete this section in the presence of the notary.*

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

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

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

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

Select the form that accompanies this *Notary Public Acknowledgement*.

☐ PERS Form 5, *Member Refund Application (Required for inactive members only)*

☐ PERS Form 5A, *Member Waiver of Monthly Benefits*

☐ PERS Form 5B, *Spousal Waiver of Monthly Benefits (Requires member and spouse signatures*)*

☐ PERS Form BW, *Beneficiary Waiver*

☐ PERS Form 21, *Direct Deposit Authorization*

☐ PERS Form 22, *Waiver of Benefits*

☐ *Representative Payee Request*

☐ *Successor Information*

I/We hereby certify that the above information is complete and accurate and that the form selected above and attached hereto has been completed by me/us, the undersigned, with full knowledge and understanding of the purpose, intent, and outcome of any waivers, certifications, representations, and agreements I/we made by signing said form.

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

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

❷ Notary Acknowledgement

State of _____

Affix Notary Seal Below

County of _____

Personally appeared before me, the undersigned authority in and for the said county and state, on this

_____ day of _____, 20_____, within my jurisdiction, the within named

_____, who acknowledged that

he/she/they executed the above and forgoing instrument and the attached corresponding form.

_____ _____

Notary Public My Commission Expires

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