



Member Waiver of Monthly Benefits

Form 5A – Revised 07/22/2016

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

1 Member Information – This section should be completed by the member requesting a refund of accumulated contributions.

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

Social Security No.: _____ E-Mail: _____

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

Name of Agency Last Employed: _____ Date of Termination mm/dd/ccyy: _____

Marital Status – Select one. List date for last three. ☐ Single ☐ Married ☐ Divorced ☐ Widowed Effective Date mm/dd/ccyy: _____

2 Retirement Plan – Select applicable plan.

☐ Public Employees' Retirement System of Mississippi (PERS) ☐ Supplemental Legislative Retirement Plan (SLRP)

3 Waiver of Disability Benefits – Complete this section only if you have filed a claim for disability retirement benefits with PERS

I acknowledge that I have previously filed a claim for disability retirement benefits and that under the law, rules, and regulations of PERS, acceptance of a refund of contributions constitutes a forfeiture of my rights to pursue a claim for disability benefits, as well as any other type of monthly benefits to which I may be entitled either now or at some future date. I hereby direct PERS to issue a refund of contributions to me.

Member's Signature Sign in presence of notary: _____ Date mm/dd/ccyy: _____

4 Member Certification


I, the undersigned, request a refund of accumulated contributions. I hereby waive and relinquish for myself and my heirs all accrued vested rights to monthly retirement benefits under service/disability retirement. I understand that all creditable service is forfeited by acceptance of such a refund. I acknowledge that in order to reinstate such forfeited creditable service, I must again become a contributing member of PERS and may immediately begin repayment for **all** or **part** of the amounts previously received as a refund, together with regular interest covering the period from the date of the refund to the date of repayment. Reinstated service credit will be posted to my account only after accumulating eight years of membership service credit. Repayment for such time shall be made in increments of not less than one-quarter year of creditable service beginning with the most recent service for which a refund has been made.

Member's Signature Sign in presence of notary: _____ Date mm/dd/ccyy: _____



Notary Public Acknowledgement

Revised 07/22/2016

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.

1 Member 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 5A, *Member Waiver of Monthly Benefits*

☐ PERS Form 22, *Waiver of Benefits*

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

☐ PERS Form BW, *Beneficiary Waiver*

☐ *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: _____

2 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