PERS of MISSISSIPPI

Application for Recalculation of Benefits

Form R – Revised 04/05/2022

All six sections must be filled before submitting form to PERS. Only retiree named in Section 1 or an authorized representative may sign this form. Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

❶ Retiree Information – *PERS will automatically update the mailing address on file with the mailing address listed below.*

First Name: _____ MI:_____ Last Name: _____

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

Social Security No.: _____ E-Mail: _____

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 Qualifying Event and Benefit Payment Option Selection – *Select one.*

☐ **Death:** My previously designated beneficiary under Base Option 2, 4, or 4A, as applicable, has died, and I request that my benefit be recalculated under the **Maximum Retirement Allowance** or **Base Option 9** for MHSPRS. 📎 *Attach a copy of the death certificate. List at least one new beneficiary in Section 4.*

☐ **Divorce:** My previously designated beneficiary under Base Option 2, 4, or 4A, as applicable, and I have divorced, and I request that my benefit be recalculated under the **Maximum Retirement Allowance** or **Base Option 9** for MHSPRS. 📎 *Attach a copy of the divorce decree. List at least one new beneficiary in Section 4.*

☐ **Marriage:** I am now married, and I request that my benefit be recalculated from the Maximum Retirement Allowance or Base Option 1 to the base option selected below to provide beneficiary benefits to my spouse. *Completed form must be received within one year of the date of the marriage.* 📎 *Attach a copy of the marriage certificate and copies of your spouse's birth certificate and Social Security card.*

Before selecting a base option below, you must obtain an Estimate of Benefits from PERS. *Check one.*

☐ **Option 2**, 100 Percent Joint and Survivor Annuity for One Beneficiary ☐ **Option 4**, 75 Percent Joint and Survivor Annuity for One Beneficiary

☐ **Option 4A**, 50 Percent Joint and Survivor Annuity for One Beneficiary

❹ Beneficiary Designation – *Select one.*

☐ **Beneficiary for Base Payment Options 2, 4, and 4A** – *Designate spouse as beneficiary under the applicable option if "Marriage" is your qualifying event.*

Spouse's Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Marriage Date** *mm/dd/ccyy*

☐ **Beneficiary(ies) for unused contributions under the Maximum Retirement Allowance or Base Options 2, 4, 4A, or 9, as applicable** – *If more than one primary beneficiary is listed, those primary beneficiaries will share equally unless otherwise noted. Secondary beneficiaries also will share equally unless otherwise noted.* 📎 *Attach additional sheet if you wish to name more than two beneficiaries.*

Beneficiary Name	**Social Security No.**	**Birth Date** *mm/dd/ccyy*	**Relationship**	**Beneficiary Percentage** *Use whole numbers*
				☐ Primary ☐ Secondary _____ %
				☐ Primary ☐ Secondary _____ %

❺ Federal Tax Withholding Preference – *Select one. If you do not make a selection, your federal taxes will be deducted at the IRS default rate of "Single with No Adjustments."*

☐ **I do wish to have federal withholding tax deducted from my monthly benefit payment.** *If you check this box, you must complete and submit to PERS the IRS Form W-4P.*

☐ **I do not wish to have federal withholding tax deducted from my monthly benefit payment.** I understand that I am responsible for payment of federal income tax on the taxable portion of my benefit.

❻ Applicant Authorization – *Only retiree listed in Section 1 or an authorized representative may sign. 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 hereby revoke any previous base option selection and beneficiary designation on file in the physical office of PERS. I have reviewed and understand the base options that are available to me. With that understanding, I agree that the base option which I have selected and the beneficiary(ies) that I have designated above shall be effective upon filing of this application in the physical office of PERS in the event of my death after such filing.

Retiree/Authorized Representative Signature: _____ Date *mm/dd/ccyy*: _____

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