

# Introduction

## Application for Voluntary Superannuation Retirement

Form Last Revised: August, 2003

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The *Application for Voluntary Superannuation Retirement* allows a member to apply to receive a superannuation (regular) retirement allowance. You may also apply for a Termination Retirement Allowance on this form. The eligibility requirements for superannuation retirement are listed on the form. Keep in mind:

- A properly completed *Choice of Retirement Option Form at Retirement* must accompany this application.
- A copy of your birth certificate, military discharge papers, marriage certificate and any other relevant documents must be filed with this application.



# Application for Voluntary Superannuation Retirement

Form Last Revised: August, 2003

**Retirement Board:** Please place your address and phone number here. ▶

Member's Last Name

First

M.I.

Social Security #

## Eligibility Requirements for Superannuation Retirement

If you are a member of Group 1 or 2, you are eligible to retire at any age with at least twenty years of creditable service. If you last became a member of a retirement system prior to January 1, 1978 you may, as a member in service, retire at 55 with any number of years of service. If you last became a member of a retirement system on or after January 1, 1978 and you have less than 20 years of creditable service, you must have at least ten years of creditable service and be at least age 55 to retire. If you are a member of Group 4, you are eligible to retire at any age with 20 years of creditable service or at age 55. The amount of your allowance depends on your age, creditable service, group classification and salary.

- If you are an active employee or on leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

## Applicant Information

To the  Retirement Board:

I respectfully request retirement for superannuation in retirement Group  as of  with  years and  months of creditable service under the provisions of G.L. c. 32, §§ 1-28.

## In connection with my application, I certify the following:

I AM RETIRING FROM

Agency or Department\*

Title/Position

MY PRESENT ADDRESS

Street and Number

City/Town

State

Zip

Phone #

Date of Birth

Social Security #

MY ADDRESS AFTER RETIREMENT (Enter only if different from present address)

Street and Number

City/Town

State

Zip

Phone #



<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

### Employment History

Please supply all periods of service and specify any temporary or irregular service.

I was also employed by other governmental units/political subdivisions in the Commonwealth of Massachusetts as follows:

UNIT	DEPARTMENT	POSITION	DATES EMPLOYED
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/> To <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/> To <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/> To <input type="text"/>

- Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts? ☐ Yes ☐ No  
If **yes**, please specify systems, date of retirement and retirement type.

- Are you a veteran? ☐ Yes ☐ No

If **yes**, please specify military branch and dates of active service.

- Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position? ☐ Yes ☐ No  
If **yes**, please provide documentation.

- If you are applying for retirement by reason of resignation, failure of re-election or reappointment, removal or discharge under the provisions of G.L. c. 32, § 10; please briefly summarize the facts:

- I sign this application under the pains and penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Print)

### The following must be filed by you or your beneficiary with your retirement board:

- A properly completed *Application for Voluntary Superannuation Retirement* (this form).
- A properly completed *Choice of Retirement Option Form at Retirement*.
- A copy of your birth certificate, military discharge papers, marriage certificate, and/or other records applicable to your retirement.

**\* For those retiring from regional or county retirement systems, please identify the community.**