

Retirement Application

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits for members with effective membership dates before April 2, 2012

- 1) **REVIEW and COMPLETE** this entire **TWO-PART** application and enclosed **IRS Form W-4P**. Note that **YOU** have to complete Part 1 as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 7.
- 2) **INVEST** some time in understanding your retirement benefit options, as described in the information and worksheet included on pages iii and iv, as well as reviewing the information you provide in your application for accuracy and completeness. **This is your application for retirement; it is a very important document.**
- 3) **SIGN** your application as required. Not signing in **ALL** places is a common error and causes delays—please check your application carefully!
Remember to **sign** your application in **FIVE** places—on pages 3, 6, 7, 8 and 10. If applicable, your spouse and a witness must also sign page 8, **AFTER** you have signed page 7.
- 4) **ATTACH** all of your required documents.
For your convenience, a checklist is provided on page 10; use it to avoid delays in processing your application.
- 5) **FILE** your application in a timely manner: three to four months before your date of retirement, and **no earlier** than four months in advance.

⚠ IMPORTANT: Make a photocopy of all pages and attachments for your records.

⚠ If the MTRS receives your application more than 60 days after your date of separation from service, your retirement date—and your benefits—will NOT be retroactive to your resignation date. In this case, the earliest effective date of retirement you may use will be 15 days *after* the date we receive your signed application. For example, if you decide during summer vacation that you want to retire instead of returning to the classroom in the fall, the MTRS must **receive** your completed application on or before **August 29** to use June 30 as your retirement date and have your benefits be retroactive to June 30. If the MTRS receives your application on August 30, your earliest retirement date would be September 14, and you would lose two and a half months' worth of retirement benefits (from July 1 through September 14).

⚠ If you are retiring on your birthday, use that exact day as your date of retirement, *not* the day after.

⚠ Remember, all service purchases must be paid for **BEFORE your date of retirement. Late payments will **DELAY** your date of retirement—and because retirement benefits are retroactive only to your date of retirement, **late payments will cause you to lose money!****

- 6) **SEND** the **ORIGINAL** pages of both Parts 1 and 2 and the first page of the IRS Form W-4P, along with all of your required documents, in the same envelope, to the attention of our Retirement Application Processing Unit.



If your school district is in...	Send to our...
Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket or Suffolk (charter schools only) county	Main Office Charlestown
Berkshire, Franklin, Hampshire, Hampden or Worcester county	Western Regional Office Springfield

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

MAIN OFFICE

500 Rutherford Avenue Suite 210
Charlestown, MA 02129-1628
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01144-4028

Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs

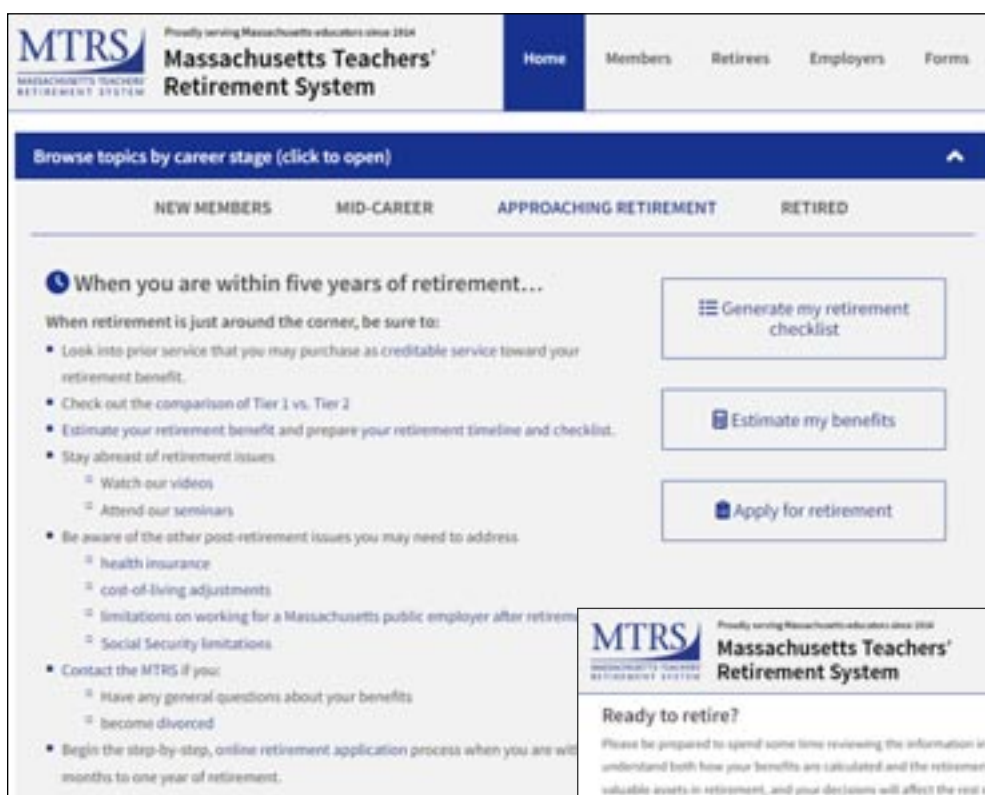
MTRS
MASSACHUSETTS TEACHERS'
RETIREMENT SYSTEM

Are you ready to retire? We have many online resources to help guide you through the process!

Visit our website to:

- **Generate your retirement checklist:** Know what to do—and when—with this interactive timeline and checklist.
- **Estimate your benefits:** Use this interactive estimator to see different retirement scenarios.

Also be sure to review the retirement process guidelines. **This is your retirement**—it is important that you understand both how your benefits are calculated and the retirement application process.

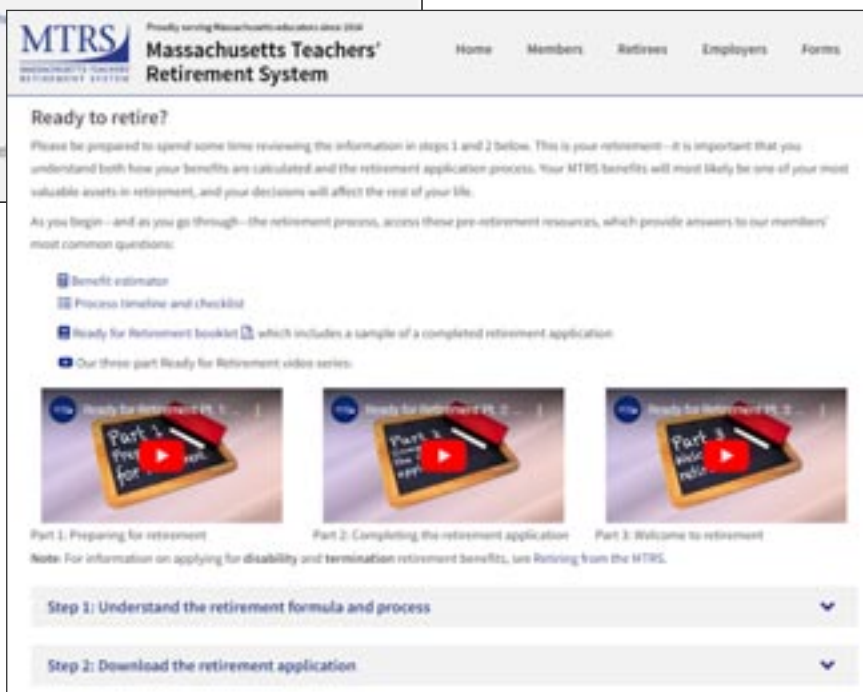


-Go to <https://mtrs.state.ma.us>

-Click *Browse topics by career stage*

-Click **APPROACHING RETIREMENT**

<https://mtrs.state.ma.us/retire>



For members with effective membership dates before April 2, 2012

OVERVIEW OF OPTIONS A, B AND C

The Massachusetts Retirement Law (M.G.L. c. 32) regulates your retirement allowance and allows you to choose one of three benefit options. These options differ with regard to the amount paid and whether any benefits will be paid to someone else after your death. In brief:

Option	Monthly benefit amount	Survivor benefit
A	Maximum allowance	None; all allowance payments cease upon your death and no benefits will be provided for any survivors.
B	Approximately 1–3% less than Option A amount	One-time, lump-sum payment of balance, if any, remaining in member's annuity savings account. <i>[Note: There are no restrictions on who or how many individuals or entities may be named as beneficiary. In most cases, the annuity account will be depleted 9 to 11 years after his or her retirement date.]</i>
C	Approximately 9–11% less than Option A amount	A monthly survivor benefit, equal to 2/3 of the retiree's monthly benefit at the time of death, paid to one beneficiary. <i>[Note: Beneficiary must be the member's parent, child, sibling, spouse or unmarried former spouse.]</i>

THE TABLES

For use with the retirement benefit estimate worksheet on page iv

NOTE: The information on pages iii and iv is provided for your reference only. If you have already estimated your potential retirement benefits under Options A, B and C using our online estimator, it is not necessary that you complete this worksheet.

Option A age factor table Use your age on your retirement date

Age	Factor	Age	Factor	Age	Factor	Age	Factor
41	.....001	47	.....007	53	.....013	59	.....019
42	.....002	48	.....008	54	.....014	60	.....020
43	.....003	49	.....009	55	.....015	61	.....021
44	.....004	50	.....010	56	.....016	62	.....022
45	.....005	51	.....011	57	.....017	63	.....023
46	.....006	52	.....012	58	.....018	64	.....024
						65+	.....025

RetirementPlus percentage table Service is in FULL years

Service	R+ %	Service	R+ %	Service	R+ %
30	.....12%	34	.....20%	38	.....28%
31	.....14%	35	.....22%	39	.....30%
32	.....16%	36	.....24%	40	.....32%
33	.....18%	37	.....26%		

Option C factor table

To obtain your Option C factor, determine what your age will be on your birthday closer to your retirement date; then determine what your beneficiary's age will be on his or her birthday that is closer to your retirement date.

Your Option C factor is the number where the row and column for your ages intersect. If the combination of your ages is not listed here, please visit our website at mass.gov/mtrs or contact us for the appropriate factor.

Beneficiary's closer age

	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	
Member's closer age	50	.9509	.9528	.9546	.9565	.9583	.9601	.9618	.9635	.9652	.9669	.9685	.9700	.9715	.9730	.9744	.9758	.9771	.9783	.9796
	51	.9460	.9480	.9500	.9520	.9539	.9558	.9577	.9596	.9614	.9632	.9650	.9667	.9683	.9699	.9715	.9730	.9744	.9758	.9772
	52	.9408	.9429	.9450	.9471	.9492	.9512	.9533	.9553	.9573	.9592	.9611	.9630	.9648	.9665	.9683	.9699	.9715	.9730	.9745
	53	.9350	.9372	.9395	.9417	.9440	.9462	.9484	.9506	.9527	.9548	.9569	.9589	.9609	.9628	.9646	.9665	.9682	.9699	.9716
	54	.9287	.9311	.9335	.9359	.9383	.9406	.9430	.9453	.9477	.9499	.9522	.9544	.9565	.9586	.9606	.9626	.9645	.9664	.9682
	55	.9219	.9244	.9270	.9295	.9320	.9346	.9371	.9396	.9421	.9445	.9470	.9493	.9517	.9539	.9562	.9583	.9604	.9625	.9644
	56	.9146	.9173	.9199	.9226	.9253	.9280	.9307	.9334	.9360	.9387	.9413	.9438	.9463	.9488	.9512	.9536	.9559	.9581	.9603
	57	.9068	.9096	.9124	.9152	.9181	.9209	.9238	.9267	.9295	.9323	.9351	.9379	.9406	.9433	.9459	.9484	.9509	.9534	.9558
	58	.8984	.9013	.9043	.9073	.9103	.9133	.9163	.9194	.9224	.9254	.9284	.9314	.9343	.9372	.9400	.9428	.9455	.9482	.9507
	59	.8895	.8925	.8956	.8987	.9019	.9051	.9083	.9115	.9147	.9179	.9211	.9243	.9274	.9305	.9336	.9366	.9395	.9424	.9452
	60	.8800	.8831	.8863	.8896	.8929	.8963	.8997	.9031	.9065	.9099	.9133	.9167	.9200	.9233	.9266	.9299	.9330	.9361	.9392
	61	.8699	.8732	.8765	.8799	.8834	.8869	.8904	.8940	.8976	.9012	.9048	.9084	.9120	.9156	.9191	.9225	.9260	.9293	.9326
	62	.8592	.8626	.8661	.8696	.8732	.8769	.8806	.8844	.8882	.8920	.8958	.8996	.9034	.9072	.9110	.9147	.9184	.9220	.9256
	63	.8481	.8516	.8551	.8588	.8626	.8664	.8703	.8742	.8782	.8822	.8862	.8902	.8943	.8983	.9023	.9063	.9102	.9141	.9179
	64	.8364	.8400	.8437	.8475	.8513	.8553	.8594	.8635	.8676	.8718	.8760	.8803	.8846	.8888	.8931	.8973	.9015	.9057	.9098
	65	.8241	.8278	.8316	.8355	.8395	.8436	.8478	.8521	.8564	.8608	.8653	.8697	.8742	.8787	.8832	.8877	.8922	.8967	.9011
	66	.8113	.8151	.8190	.8230	.8271	.8314	.8357	.8401	.8446	.8492	.8539	.8585	.8633	.8680	.8728	.8775	.8823	.8870	.8917
	67	.7980	.8018	.8058	.8099	.8142	.8186	.8230	.8276	.8323	.8370	.8419	.8468	.8517	.8567	.8617	.8667	.8717	.8768	.8817
	68	.7840	.7879	.7920	.7962	.8006	.8051	.8097	.8144	.8192	.8242	.8292	.8343	.8394	.8446	.8499	.8552	.8605	.8658	.8711
	69	.7694	.7734	.7776	.7819	.7863	.7909	.7956	.8005	.8055	.8105	.8157	.8210	.8264	.8318	.8373	.8428	.8484	.8540	.8596
	70	.7542	.7582	.7624	.7668	.7713	.7760	.7808	.7858	.7909	.7962	.8015	.8070	.8125	.8182	.8239	.8297	.8355	.8414	.8473

RETIREMENT BENEFIT ESTIMATE WORKSHEET (OPTIONAL)

Use this worksheet to compare
your benefits under
Options A, B and C.

The example illustrates the calculations for a member with an effective membership date before April 2, 2012, who is a veteran, and who retires on June 30 under RetirementPlus at age 58 with 35 years of creditable service, an average salary of \$75,000 for his or her highest three consecutive years or last three years, whichever is greater, and a beneficiary who is age 57.

Also shown here is the member-survivor benefit payable only under Option C. This benefit is payable on a monthly basis to your beneficiary for the rest of his or her life. The monthly amount is 1/12 of the annual amount.

As a reminder, you are eligible to retire when you: have 20 years of creditable service (at any age); or, at age 55 if you have 10 years of creditable service.

		Example		You as of ____/____/____	You as of ____/____/____
Option A	Option A Age Factor (see table)	.018			
	x Years of creditable service	x 35	x		x
	Base % of salary average	63%			
	+ RetirementPlus %, if applicable**	22%			
	Allowable % of salary average**	80%			
	x 3-year salary average	x \$75,000	x	\$	x
	Option A annual allowance	\$60,000		\$	
Option B	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. A annual allowance	\$60,300		\$	
	Option A annual allowance	\$60,000		\$	
Option B	x 99% (1% less than Option A)****	x 99%	x	99%	x
	Opt. B annual allowance	\$59,400		\$	
	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. B annual allowance	\$59,700		\$	
	Option A annual allowance	\$60,000		\$	
Option C	x Option C Factor (see table)	x 0.9194	x		x
	Option C annual allowance	\$55,164		\$	
	+ Veteran's benefit***	+ \$300	+	\$	+
	Final Opt. C allowance	\$55,464		\$	
	x 2/3 (annual survivor portion)	x 2/3	x	2/3	x
	Member-survivor benefit	\$36,976		\$	

NOTES

* If you are participating in RetirementPlus, and you have 30 or more years of creditable service—at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher—add 2% for each full year of creditable service over 24 years (see RetirementPlus Percentage table, page iii).

** Your "Allowable % of salary average" may not exceed 80 percent.

*** If you are a wartime veteran, \$15 for each year of teaching service (up to a maximum of \$300) is added.

**** As noted on page iii, the Option B allowance is approximately 1–3% less than the Option A amount. For purposes of illustration only, we have estimated the Option B amount at 1% less than the Option A amount.

Retirement Application, Part 1

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits
for members with effective membership dates before April 2, 2012

PART 1, SECTION 1

RETIREMENT DATA

Please do NOT delete any pages from **Parts 1 and 2** of this application, and, if you complete your form by hand, please print your responses legibly, in INK.

Regardless of how you complete this application, either by hand or on a computer, you must sign using a **WET SIGNATURE**—digital signatures are not accepted.

a) Type of retirement (check one)

☐ Superannuation/Regular

☐ Superannuation/RetirementPlus

Reminder: In order to qualify for the RetirementPlus enhanced benefit: you must have at least 30 years of creditable service, at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher; and, you must have contributed at the RetirementPlus rate of 11% for at least five years.

☐ Involuntary termination

Reminder: If you are applying for a termination retirement, please remember to complete and submit a Termination Retirement Statement and Release along with your completed application. This separate, one-page form is available on the Forms page on our website.

b) Your intended date of retirement . . mm/dd/yyyy

Reminder: If you are retiring at the end of the school year in June, by law, you **must** use June 30 as your retirement date, even if your last day of actual in-school service is earlier in the month.

c) Your last date of employment . . mm/dd/yyyy

Note: If retiring at the end of the school year in June, your last date of employment is June 30, even if your last day of in-school service is earlier in June. If your last date of employment is **NOT** at the end of the school year, please use your actual **last day on payroll**. If retiring on your birthday, use your birthday as your retirement date, **NOT** the day after AND attach a photocopy of the letter verifying the school district's acceptance of your resignation and your resignation date.

d) Have you also applied for a disability retirement?

☐ Yes ☐ No

MTRS USE ONLY

PART 1, SECTION 2

APPLICANT DATA



NOTE: We must receive your **ORIGINAL** signed application; copies, faxes or emailed applications cannot be accepted.

☐ Include legal proof of all name change(s) (ex. marriage certificate, etc.) since birth record (photocopy OK)

☐ Birth certificate (must be certified; photocopy not accepted)

☐ Military discharge form DD214

a) Social Security number XXX-XX-XXXX

b) MTRS member number, if known

☐ Not known

c) Name Last

First

MI

d) Former name(s), if applicable Last

Include legal proof of all name change(s)
(ex. marriage certificate, etc.)

☐ Not applicable

First

MI

e) Date of birth mm/dd/yyyy

f) Military veteran status (pursuant to M.G.L. c. 32) .

☐ Nonveteran ☐ Veteran

g) Mailing address Number and street

City

State

ZIP

h) Home phone number

i) Alternate phone number, if any

☐ Cell

☐ Work

j) Email (personal—not school—email recommended) . . .

PART 1, SECTION 2**APPLICANT DATA**

Continued

NOTE: If you are currently employed by more than one school district on your date of retirement, please be sure to provide a copy of Part 2 to a payroll administrator in each district for completion.

k) By how many school districts are you currently employed?

☐ None (inactive) ☐ 1 ☐ 2

Name of current school district(s)

Position title(s)

l) Are you now—or were you at any time on or after January 1, 2010—concurrently employed by more than one Massachusetts town, city, county, state or regional authority?

☐ No ☐ Yes (provide details, below)

Name of other MA public employer(s)

Position title(s)

Full-time OR % of full-time

☐ %

☐ %

m) If, on your date of retirement, you will be under age 55 and married to a retiree of a Massachusetts contributory retirement system, AND, on November 1, 2003, both you and your current spouse were members of a Massachusetts contributory retirement system, THEN you will be eligible to retire under a superannuation retirement allowance using the age factor for age 55.

Accordingly, on November 1, 2003, were you and your current spouse

both members of a Massachusetts contributory retirement system?

☐ No ☐ Yes

If yes, on your intended date of retirement, will your spouse be

retired from a Massachusetts contributory retirement system?

☐ No ☐ Yes

If yes, name of spouse's retirement system ..

☐ Marriage certificate(s)
(photocopy OK)

n) What is your expected marital status on your intended date of retirement?

☐ Single ☐ Single/divorced (see DRO, below)

☐ Single/widowed ☐ Married (provide details, below)

☐ Married/formerly divorced
(see DRO, below, and provide spouse details, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you **MUST** complete Section 7, Spousal acknowledgment.

o) Spouse's name, if applicable. . . . First M. Last

p) Spouse's address, if different Number and street

City

State

☐

ZIP

q) Have you ever been divorced?

☐ No ☐ Yes

r) If yes, do you have a qualified Domestic Relations Order (DRO) in effect?

☐ No ☐ Yes If yes, and if it requires you to select a specific retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

☐ Qualified* Domestic Relations Order
(photocopy OK; please include your ex-spouse's current address)

*needs to be signed and executed by the court

s) **Alternate address:** If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address. . . . Number and street

City

State

☐

ZIP

Phone number

Dates at this address . . . mm/dd/yyyy

From

To

☐ Additional sheet(s) describing offense

t) Have you ever been convicted of a criminal offense involving your Massachusetts public employment?

☐ No ☐ Yes Please attach additional sheet(s) to describe the offense.

PART 1, SECTION 3**FINAL AVERAGE
SALARY PERIOD**

- a) Your retirement benefit is calculated according to a set formula that is comprised of three factors: your age, your years of creditable service, and the average of your highest consecutive three years' salaries, **OR your last three years' salaries, whichever is greater.** In the table below, please list the **contract year** and **contract type** for each of the following four years:

- **Lines i, ii and iii:** EITHER the three consecutive years during which you earned your highest salaries **OR** your last three years, **whichever period during which your contract salary was greater;** and,
- **Line iv:** the year right before that three-year period.

Additionally, **you must submit copies of your salary schedules from your collective bargaining agreement(s) for these four years.** Be sure to include any pages referencing contractual language to substantiate any earnings in addition to your regular contract rates. If you were covered by an individual contract during any of these four years, you must submit complete copies of those contracts.

Your final retirement benefit will be based on the salary figures provided by your employer in Part 2, subject to our review and verification.

	Contract year		Contract type <i>Check one for each year</i>	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
<input type="checkbox"/> Salary schedule or individual contract	i) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	ii) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iii) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
<input type="checkbox"/> Salary schedule or individual contract	iv) <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*

*** If you were covered by an individual contract...**

- What was the earliest date that your employer had knowledge—formally or informally—of your intent to resign and/or retire? mm/yyyy
- Were any of the individual contracts covering your employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? ☐ Yes ☐ No

NOTE: If you were employed under an individual contract at any time during the five years prior to your intended date of retirement, the MTRS will request that your employer provide complete copies of all internal documents (formal and informal), including any minutes of School Committee meetings (open and executive session), pertaining to your contracts, salaries and intent to resign and/or retire.

- b) Has your school district settled its contract for the current year? ☐ Yes ☐ No

If no, please: **be advised** that changes to the current contract rate will impact your retirement allowance; **send** us a copy of the new contract as soon as it is settled, and be sure to include your name and Social Security number with the contract; and, **ask** your payroll officer to send us verification of your new contract rate.

APPLICANT'S STATEMENT: I understand that, in the calculation of my final salary average for the purposes of determining my retirement benefit, certain payments are not considered "regular compensation," and, therefore, cannot—and will not—be included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)


Applicant's signature



Date

PART 1, SECTION 4

CREDITABLE
SERVICE HISTORY



ALL APPLICANTS:
complete this page
to the best of your
ability.

You must enter data
in Line c.

*This information is to help us in
processing your retirement
benefits. We will always review
and certify your complete
creditable service history with
your employer(s).*

Your retirement benefit is based in part on the number of years of creditable service you have, so it is **REQUIRED** that you complete this section **accurately and in full to the best of your ability**. If you have any questions, please refer to our website or call one of our offices.

- a) Which of the following **types** of creditable service have you rendered?
- Regular Massachusetts public teaching service

☐ No

☐ Yes

■ Out-of-state public school teaching service

☐ No

☐ Yes

■ Overseas dependent school teaching service (in a school under the supervision of the United States Department of Defense)

☐ No

☐ Yes

■ Nonpublic school teaching service (out-of-state or in Massachusetts)

☐ No

☐ Yes

■ Massachusetts public school substitute, temporary or part-time teaching or tutoring service

☐ No

☐ Yes

■ Other Massachusetts public service (with a Massachusetts town, city, county, state or regional authority)

☐ No

☐ Yes

■ Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program

☐ No

☐ Yes

■ Pre-1975 maternity leave credit

☐ No

☐ Yes

■ Peace Corps service

☐ No

☐ Yes

■ Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5]

☐ No

☐ Yes

■ Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5]

☐ No

☐ Yes

b) Please list **ALL** of your creditable service in **chronological order by employer** (from earliest to most recent).
To ensure that we have a **complete** picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **ALL** of the types and periods of creditable service that you have rendered during your career, including your current employment, and, if any, service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after your date of retirement.

Name of employer	Position title	Grade (PreK–12), if applicable	From mm/dd/yyyy	To mm/dd/yyyy	Employment status (as a % of full-time, e.g., 50%, 100%)	Service credit status (check one)		
						Credited	I plan to purchase	I will not purchase
1					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached. ☐

c) Please enter your **best estimate** of your total number of years of creditable service—and then be sure that you have listed **ALL** of the service that you are including in your estimate, in Section b, above years

PART 1, SECTION 4

CREDITABLE
SERVICE HISTORY

Continued

d) Leave(s) of absence information

If you took an **authorized leave of absence** from a Massachusetts public school, such as a medical or military leave, or sabbatical please provide the following information, and also provide a letter from your employer(s) documenting your leave(s).

Note: If you had any **involuntary** leaves of absence (for example, as a result of being laid off and placed on a recall list), please **do not** list your involuntary leaves here, as they do **not** qualify as authorized leaves of absence toward the calculation of your creditable service.

Name of employer	Type of leave Medical, military, sabbatical	Start date mm/dd/yyyy	End date mm/dd/yyyy	Compensation received (check one)		
				No compensation	Partial compensation, and indicate % of full-time compensation paid	
				<input type="checkbox"/>	<input type="checkbox"/>	%
				<input type="checkbox"/>	<input type="checkbox"/>	%
				<input type="checkbox"/>	<input type="checkbox"/>	%

e) Workers' Compensation information

Section 34 full incapacity Workers' Compensation:

Start date mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period		
		Amount	Your salary rate in effect	Payment category (e.g., sick leave)

Section 35 partial incapacity Workers' Compensation:

Start date mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period			
		Amount	Your salary rate in effect	Payment category (e.g., sick leave)	Payments received by part-time work
					<input type="checkbox"/>
					<input type="checkbox"/>

f) Military service information

If you have active military service with the armed forces of the United States, Massachusetts National Guard or active reserves, please report the following:

Type of military service	Start date mm/dd/yyyy	End date mm/dd/yyyy	Service credit status (check one)		
			I have credited and/or purchased	I have applied to purchase; now pending	NOT yet applied to purchase
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 1, SECTION 5

DIRECT DEPOSIT
AUTHORIZATION

- Your payment may only be deposited to a bank under the territorial jurisdiction of the United States.
- Your payment must be deposited to ONE account only, and YOUR name must be on the account.
- This section will be RETURNED as incomplete if you do not attach the required account documentation.

Section 5a

Your
bank account
information

► Indicate account type

(check one)

☐ Checking

ATTACH this required documentation

An original VOIDed check that is imprinted with your name, address, bank name and routing number, and account number.

Temporary or starter checks will not be accepted. If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document.☐ SavingsOfficial account verification document signed by bank employee indicating your name, address, bank name and routing number, and account number. **A deposit slip will not be accepted.**

► Are you forwarding your payments to a foreign bank after having them deposited to a U.S. bank?

(Response required. If yes, pursuant to federal law, the MTRS must notify the Massachusetts Comptroller's office.)☐ No☐ Yes

► Indicate account ownership (check one)

☐ Individual☐ Joint: ALL other account holders must complete and sign Section 5b below.☐ Trust: ATTACH a Certification of Trust that names you as a trustee or a beneficiary of the trust, and check this box. ☐

Section 5b

Joint account
holder's
information
and
certification,
if applicable**If your payment is being deposited to a JOINT account, this section must be completed and signed by ALL other account holders.** If there is more than one other account holder, attach additional copies of this page.

By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts Teachers' Retirement System (MTRS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named in this application is not legally entitled. If I am entitled to any benefit from the MTRS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MTRS with my home address. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder information

Signature	<input type="text"/>	Date . . .	<input type="text"/>
Name (First M. Last) .	<input type="text"/>	SSN . . . XXX-XX-	<input type="text"/>
Mailing address	<input type="text"/>		
Email	<input type="text"/>	Phone . . .	<input type="text"/>

Section 5c

Your
certification

I certify that I am the benefit recipient named in this application. By signing this form:

- I authorize the electronic funds transfer of my monthly benefit allowance from the State Treasury to the financial institution and account identified herein; I also authorize the State Treasurer to make any adjustments (debit or credit) as a result of errors in transfer.
- If monies to which I am not entitled are deposited into my account (for example, after my death), I authorize the financial institution to immediately refund any overpayments to the MTRS. If the funds are not sufficient to fully refund overpayments, I authorize and direct the financial institution to provide the MTRS all information related to the account, including transactions since the first of the month in which the overpayment occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

This direct deposit authorization shall remain in effect until revoked by me in writing to the MTRS or by the State Treasurer.

Member's signature .	<input type="text"/>	Date . . .	<input type="text"/>
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Important
reminders

- Direct deposit (also known as Electronic Funds Transfer, or EFT) of your monthly retirement allowance is mandatory, pursuant to 807 CMR 18.00.
- Your benefit is deposited to your account once a month, on the last business day of the month for which you are being paid.
- Direct deposit statements are not mailed to you every month. Once your direct deposit starts, you will receive a mailed statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement to notify all retirees of special news; and, at the end of December, when we provide you with a year-end summary of your benefits for the calendar year.

PART 1, SECTION 6

YOUR RETIREMENT
OPTION SELECTION,
STATEMENT AND
SIGNATURE

IMPORTANT NOTE

If you have ever been **divorced**, and you have a qualified Domestic Relations Order (DRO), and the terms of your DRO specify the retirement option that you must choose, please be sure to complete this section in accordance with your DRO.

☐ Complete Option A month-of-death payment recipient designation (Section 8 on page 9 of this application)

☐ Complete Option B beneficiary designation (Section 9 on page 9 of this application)

☐ Option C beneficiary's birth certificate (**must be submitted, and must be certified; photocopy not accepted**)

☐ Marriage certificate(s) (photocopy OK)



NOTE: We must receive your **ORIGINAL** signed application; copies, faxes or emailed applications cannot be accepted.

Please select your retirement Option and provide the required information. Note:

- Be sure that you have reviewed the information on our website or on page iii of this application regarding the benefits provided by each of the three available retirement options. **Please estimate your benefits using either our online estimator or the worksheet included on page iv of this application before you finalize your option selection.**
- Once your effective date of retirement has passed, you cannot change your retirement option, nor can you change your date of retirement. Because of this fact, it is important that you understand the retirement options that are available to you and that you make an informed decision based on your financial needs and the financial needs of your family.
- Please mark your option choice below. Your retirement application is not complete until the MTRS receives this completed section. If your application is completed within 60 days after your date of termination of service, your retirement can take effect on your termination date. If, however, it is received more than 60 days after your date of termination of service, your benefits will not be retroactive to that date; the earliest date they may begin is 15 days after we received your completed application.
- If you have any questions, please contact our office.

I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, hereby elect to receive my retirement allowance under the option selected below (**check one**):

☐ **Option A**

Option A provides the maximum benefit allowance amount, and no survivor benefits. All monthly payments cease upon your death and no benefits will be provided for any survivors. If, after your death, any benefits that you earned in the month of your death are due, they will be paid in a lump sum to the month-of-death payment recipient(s) that **you should designate by completing Section 8 on page 9 of this application.**

☐ **Option B**

Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon the member's death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries; in most cases, the member's annuity account will be depleted 9 to 11 years after his or her date of retirement. You may change your beneficiary designation at any time during your retirement by completing and submitting a new, revised *Beneficiary Form—Retired Member/Option B* to the MTRS. **If you select Option B, you must designate your Option B beneficiary(ies) by completing Section 9 on page 9 of this application.**

☐ **Option C**

Option C provides a benefit allowance that is generally 9–11% less than the Option A allowance. Upon the member's death, it also provides a monthly survivor benefit to one named beneficiary that is equal to 2/3 of the retiree's monthly benefit at the time of death. If you are selecting Option C, you **must** designate your Option C beneficiary here:

■ Name of Option C beneficiary. First M. Last.

■ Beneficiary's date of birth . . . mm/dd/yyyy .

SSN

■ Relationship to you. ☐ Parent ☐ Sibling ☐ Child ☐ Spouse
☐ Former spouse who has not remarried

You may **not** change your Option C beneficiary designation after your effective date of retirement. In the event that your Option C beneficiary predeceases you, contact the MTRS so that we may adjust your benefit to the higher, Option A "pop-up" amount.

I have selected the option checked above and understand that I cannot change my option selection after my effective date of retirement. Additionally, I understand that if I have not filed my application four months prior to my effective date of retirement, I may not receive my Notice of Estimated Retirement Benefit (NERB) until AFTER my date of retirement, and regardless of when I receive my NERB, I cannot change my option selection after my effective date of retirement.

Applicant's signature



Date

Name (please print)

NOTE: Even if you do not expect to be married on your intended date of retirement, you **MUST** also complete Section 7, Spousal acknowledgment.


PART 1, SECTION 7**SPOUSAL
ACKNOWLEDGMENT**

You **MUST** complete Line a, below, and then, if applicable, your spouse must complete Line b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous Section. I hereby certify that (*check all that apply*):

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> I am now married or expect to be married as of my intended date of retirement as stated in this application. <i>Please sign and date this section, then give this form to your spouse for completion of section b.</i> | <input type="checkbox"/> I have been divorced and it is my understanding that there
<input type="checkbox"/> is <input type="checkbox"/> is not <input type="checkbox"/> don't know
a Domestic Relations Order on file with the MTRS. <i>Please sign and date this section, then return your entire application to the MTRS.</i> | <input type="checkbox"/> I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. <i>Please sign and date this section, then return your entire application to the MTRS.</i> | <input type="checkbox"/> I am widowed and have not remarried. <i>Please provide a copy of death certificate. Sign and date this section, then return your entire application to the MTRS.</i> |
|---|--|--|---|

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature  Date*

Name (please print)




**NOTE : ALL
applicants must
sign and
complete this
section!**

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Line b before one witness; **the member named in Line a, above, cannot be your witness.** The witness must sign and date the form on or after the date you sign; it is not necessary that your witness be a Notary Public. Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Overview of options A, B and C," on page iii of this application and on our website at mass.gov/mtrs. **Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.**

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Line a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify under the penalties of perjury that:

- ☒ I have read and understand the information on Options A, B and C, and
- ☒ I am aware of the option selected by the applicant and understand the provisions of that option.


Spouse's signature  Date*

Name (please print)

Sign ON OR AFTER the date the member has signed on the previous page.

WITNESS TO SPOUSE'S SIGNATURE (must be witnessed by someone **other** than the member)

I subscribe under the penalties of perjury that the member's spouse (the person named immediately above) personally appeared before me and signed this form in my presence.

Witness's signature  Date*

Name (please print)

Address

Sign ON OR AFTER the date the spouse has signed above.



* This section must be completed and signed **ON OR AFTER** the date that the member completed and signed Part 1, Section 6 (Page 7).

If your spouse and/or witness sign this section **before** the date that the member signed Part 1, Section 6, we will return the application to the member to have this page completed and signed again.

PART 1, SECTION 8 You should complete this section if you have selected **Option A** only.**OPTION A
MONTH-OF-DEATH
PAYMENT
RECIPIENT(S)**

Option A provides no survivor benefits. However, after your death, if any benefits that you earned in the month of your death have not been paid out, they will be paid in a lump sum to your month-of-death payment recipient(s). Please name the designee(s) to receive the lump-sum payment of any benefits that you earn in the month of your death below. *Please see the shaded box at bottom of this page for additional information.*

Type (check one)

SSN or tax ID

% of payment

<input type="checkbox"/> Person	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth .	<input type="text"/>	Relationship to you	Address	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust or organization					

<input type="checkbox"/> Person	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth .	<input type="text"/>	Relationship to you	Address	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust or organization					

Total sum of percentages listed for all PRIMARY Option A month-of-death payment recipients must equal EXACTLY 100%

PART 1, SECTION 9 You must complete this section if you have selected **Option B** only.**OPTION B
BENEFICIARY
DESIGNATION**

Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon your death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary(ies); in most cases, the member's annuity savings account will be depleted within 9 to 11 years after his or her retirement date. *Please see the shaded box at bottom of this page for additional information.*

Type (check one)

SSN or tax ID

% of benefit

<input type="checkbox"/> Person	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth .	<input type="text"/>	Relationship to you	Address	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust or organization					

<input type="checkbox"/> Person	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth .	<input type="text"/>	Relationship to you	Address	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Trust or organization					

Total sum of percentages listed for all PRIMARY Option B beneficiaries must equal EXACTLY 100%

Option A and B retirees ONLY: Additional information and optional contingent designee(s)

- You may change your designation at any time during your retirement; simply complete and submit a *Beneficiary Designation Form for Retirees*.
- You may name more than one person or entity. If you do name more than one **primary** designee, however, please be sure to indicate the percentage that each **primary** entity should receive (the total must equal **exactly** 100%, for example 3 beneficiaries would be 33%+33%+34% to equal exactly 100%). If you fail to indicate a percentage, we will distribute the amount equally among the **primary** entities. If the total does not equal **exactly** 100%, the difference will be paid to your estate.
- If you need more space to indicate additional entities, please make a photocopy of this page, complete the appropriate line(s), sign each additional sheet, and, in this box, indicate how many additional sheet(s) are attached

OPTIONAL—CONTINGENT DESIGNEE(S): If you wish, you may also name contingent designee(s). In the event that the primary designee(s) named above are not alive at the time of your death, any benefit amount due will be paid to your contingent designee(s). If any of your primary designees predecease you, they are replaced by a contingent designee, in the order in which you name them, below (the remaining primary beneficiaries' shares do not increase if one of them predeceases you, nor is that share equally split among the multiple contingent beneficiaries). If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Type (check one)

SSN or tax ID

<input type="checkbox"/> Person	<input type="text"/>	Name	<input type="text"/>	<input type="text"/>
Date of birth .	<input type="text"/>	Relationship to you	Address	<input type="text"/>
<input type="checkbox"/> Trust or organization				

PART 1, SECTION 10

W-4P and Working after retirement acknowledgment

W-4P Form (on following pages)

- ☐ I have completed the W-4P form.
- ☐ I am not submitting the W-4P form so MTRS must withhold federal income taxes as if I'm single and claiming no withholding allowance.
- ☐ Working after retirement acknowledgment
As you transition into retirement, the MTRS wants you to be aware of the time and earnings restrictions on re-employment with a Massachusetts public employer. However, there are no restrictions on employment in the private sector, public employment in another state or employment with the federal government. (For more information, please visit mtrs.state.ma.us/members/#pre-retirement-issues)

Please return this page along with your Retirement Application.

- ☒ I have read and understand all of the information above.

Member's signature

Date

Name (please print)

Please review the following!

This checklist is to assist you in including all the necessary documents with your application.

Check all that are applicable to your situation.

NOTE: If you do **not** submit required documents with your application, your application will **not** be processed.

- ☐ Include legal proof of all name change(s) (ex. photocopy of your marriage certificate, etc.)
- ☐ Your **certified** birth record* (photocopy not accepted)
- ☐ Photocopy of your military discharge form DD214 (if you are a veteran)
- ☐ Photocopy of your notice of resignation
(if you are filing for an involuntary termination retirement allowance, are retiring on a day **other** than the last day in your contract year OR under an individual contract)
- ☐ Photocopies of your contracts/salary schedules for your 3-year salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates
- ☐ A VOIDed check
(if your designated account for direct deposit is a checking account) **or** an official savings account verification document signed by bank employee (if your designated account for direct deposit is a savings account)
- ☐ Photocopy of your Qualified* Domestic Relations Order (needs to be signed and executed by the court)
(if you are divorced and have such an order in effect; please include your ex-spouse's current address)
- ☐ If you are selecting Option C, we need your beneficiary's **certified** birth record*
(photocopy not accepted)

*Your original documents will be returned to you.

IRS Form W-4P

Withholding certificate for pension or annuity payments. Please complete the first page and return it with your completed retirement application.

YOUR FEDERAL TAX WITHHOLDING INSTRUCTIONS TO US

Please note:

- **Your MTRS retirement benefit is subject to federal income taxes, and, unless you notify us otherwise, we must begin withholding starting with your first payment.**

Please use the enclosed IRS form to instruct us whether you want us to withhold any amount from your monthly MTRS benefit for federal income taxes, and, if so, how much. Note: If you are a Massachusetts resident, your benefit is not subject to **state** income taxes; if you move to another state, however, check with that state's Department of Revenue to find out if your MTRS benefit is taxable in that state.

- **You are liable for payment of federal income tax on the taxable portion of your pension.**

If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.

- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time before or during your retirement.**

To change your withholding instructions, simply complete and submit a new IRS Form W-4P, available on our website at www.mass.gov/mtrs, from the IRS website www.irs.gov or call us and we will send you a form.

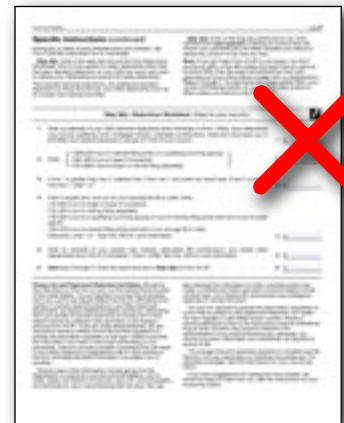
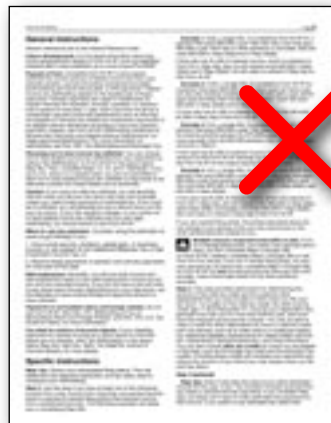
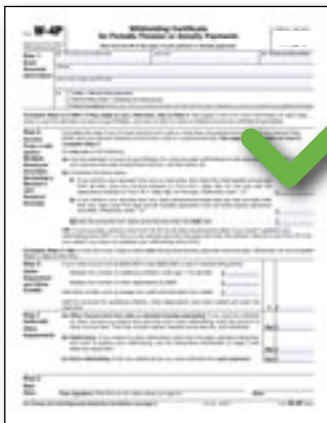
- **If you do not complete this form, the MTRS must withhold federal income taxes as if you are single and claiming no withholding allowances.**

If the taxable portion of your monthly benefit is more than the withholding level for a single person claiming zero allowances, and you do not complete this form, we are required by federal law to withhold at the rate set for a single taxpayer with no allowances.

- **If you need help completing this form, please consult a tax expert or the IRS.**

For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

Return the completed **first page** of the Form W-4P along with your completed Parts 1 and 2 of the Retirement application.
Pages 2 and 3 of the Form W-4P are for your reference and instruction and do not need to be returned with your Retirement application.



**Withholding Certificate
for Periodic Pension or Annuity Payments****Give Form W-4P to the payer of your pension or annuity payments.**

OMB No. 1545-0074

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)	Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. See page 2 for examples on how to complete Step 2.
	Do only one of the following.
	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or
	(b) Complete the items below.
	(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____ (ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____ (iii) Add the amounts from items (i) and (ii) and enter the total here . . . \$ _____
TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.	

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____		
	Multiply the number of other dependents by \$500	\$ _____		
	Add other credits, such as foreign tax credit and education tax credits	\$ _____		
	Add the amounts for qualifying children, other dependents, and other credits and enter the total here		3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends		4(a) \$ _____	
	(b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$ _____	
	(c) Extra withholding. Enter any additional tax you want withheld from each payment		4(c) \$ _____	

Step 5: Sign Here	Your signature (This form is not valid unless you sign it.)	Date
------------------------------------	--	-------------

General Instructions

Section references are to the Internal Revenue Code.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by writing "No Withholding" on Form W-4P in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you choose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
2. Receive these payments or pension and annuity payments for only part of the year.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, write "No Withholding" in the space below Step 4(c). See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Bob, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Bob also has a job that pays \$25,000 a year. Bob has no other pensions or annuities. Bob will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Bob also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), then he will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). He will make no entries in Step 4(a) on this Form W-4P.

Example 2. Carol, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Carol does not have a job, but she also receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Carol will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Carol also has \$1,000 of interest income, then she will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Don, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Don does not have a job, but he receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Don will not enter any amounts in Step 2.

If Don also has \$1,000 of interest income, he won't enter that amount on this Form W-4P because he entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Ann, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Ann also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Ann will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Ann also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), she will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). She will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b)

on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than

Specific Instructions (continued)

having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 6, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions.

This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2024, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Step 4(b) – Deductions Worksheet (Keep for your records.)



1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$			
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="vertical-align: middle;"> <ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately </td> <td style="font-size: 3em; vertical-align: middle; padding: 0 10px;">}</td> </tr> </table>	<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}	2	\$	
<ul style="list-style-type: none"> • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately 	}					
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$			
4	If line 3 equals zero, and you (or your spouse) are 65 or older, enter: <ul style="list-style-type: none"> • \$1,950 if you're single or head of household. • \$1,550 if you're married filing separately. • \$1,550 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65. • \$3,100 if you're married filing jointly and both of you are age 65 or older. Otherwise, enter "-0-". See Pub. 505 for more information	4	\$			
5	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	5	\$			
6	Add lines 3 through 5. Enter the result here and in Step 4(b) on Form W-4P	6	\$			

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:

Please provide your personal data and then forward these five pages to your payroll officer for completion of Sections 2 through 7.

Your payroll officer will then return these five pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you were employed by more than one school district during the years used for your salary average, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you were employed.

a) Name of member Last

First

MI

b) Social Security number XXX-XX-XXXX

c) MTRS member number

d) Type of retirement (check one)

- ☐ Superannuation/Regular
☐ Superannuation/RetirementPlus
☐ Involuntary termination

e) Intended date of retirement mm/dd/yyyy

f) Name of school district

g) Position title

INSTRUCTIONS TO PAYROLL OFFICER: Please follow these steps:

- Complete Sections 2 through 7, below, and make a copy of these five pages for your records.
- If, at some later date, there is a change in the salaries reported in Section 5—either because of a retroactive contract settlement or error—please mark the corrections directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 5 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- Return these five pages (Sections 1 through 7) to the member. It is then the member's responsibility to submit his or her entire Retirement Application to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %

During any period of service above, was the ☐ No

member a kindergarten or prekindergarten teacher? ☐ Yes; from

/ / to / /

For the service reported above, please report any authorized leaves of absence when no compensation or partial compensation was received. NOTE: Please do not list here: any involuntary leaves of absence (e.g., as a result of the member being laid off and placed on a recall list) as they do not qualify as authorized leaves of absence; or, any periods during which Workers' Compensation was received (please list that information in Part 2, Section 5).

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %
/ /	/ /	<input type="checkbox"/>		<input type="checkbox"/> %

PART 2, SECTION 3

FIVE-YEAR
SALARY HISTORY

Significance of salary history: The member's retirement benefit calculation is based, in part, on either the average of the member's highest three consecutive years' **full-time equivalent salaries**, or the average of his or her last three years' **full-time equivalent salaries**, whichever is **greater**, and irrespective of the member's FTE% during the corresponding period.

Accordingly, please indicate the **contract year** and **contract type** for each of the following **four**—or, if the contract type was "Individual contract," **five**—years:

- **Lines i, ii and iii:** the three consecutive years when this member's **full-time equivalent salary** was the highest;
- **Line iv:** the year right before that three-year period; and,
- **Line v, if this member had an individual contract:** the year before the year in Line iv.

	Contract year	Contract type	Check one	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
i)			<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
ii)			<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iii)			<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
iv)			<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7
v)			<input type="checkbox"/>	<input type="checkbox"/> Also, see Section 7

PART 2, SECTION 4

CURRENT
DEDUCTIONS,
LAST CHECK
DATE, AND
CONTRACT
STATUS

Note to payroll official:
For the member's deductions, please report the applicant's: **regular** deduction amount; if applicable, their **additional 2%** deduction amount; and, their **total** deduction amount.

If your district's deduction report for a particular month has already been submitted and finalized in MyTRS, you can find the applicant's regular and, if applicable, additional 2% deduction amounts in MyTRS at: Home » Employer Management » Deduction Reports and Payments.

- a) Please report this member's current monthly earnings and actual and/or projected future deductions for the **TWELVE** months prior to the applicant's date of separation from service with your district. Additionally, in the last column, please indicate the month of the member's final payroll deduction.

Month (mm/yyyy)	Eligible earnings total	Regular deduction amount (for 5, 7, 8, 9 or 11% deduction)	Additional 2% deduction amount (if applicable)	Total monthly deduction amount	Final deduction (check only one box)
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>
/	\$	\$ + \$ = \$			<input type="checkbox"/>

- b) Please enter the date of the member's final paycheck mm/dd/yyyy

[Note to payroll official: To avoid receiving an error message in MyTRS when submitting your payroll deduction report for the month of this member's retirement, please enter this member's "termination event" in MyTRS now, while you have the information at hand.]

- c) Has your school district settled its contract for the current year? ☐ Yes ☐ No

If no, as soon as it is settled, please send us: 1) an electronic copy of the new contract; 2) a list of all of your teachers who retired before the settlement and who will need an adjustment; and, 3) for all affected retirees, *either* revised Part 2 forms, *or* one spreadsheet with the updated figures for all affected retirees.

PART 2, SECTION 5

SALARY
VERIFICATION

- Please provide this member's salary data as requested below. Please note:
- Please report the member's service and earnings data for the **four**—or, if the member was covered by an individual contract, **five**—years that you listed in Part 2, Section 3, on the previous page.
 - If the years in which the member's **full-time equivalent salary** was highest were for years the member was employed at less than full-time, please **still list the full-time equivalent salary** in Column D.
 - If the member's last year of earnings was not a complete school year, please list that partial year and the four (or five) full school years prior to it. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
 - If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
 - Please provide a breakdown, by school year, of all additional eligible earnings for coaching, extracurricular activities or longevity, or any other amounts listed in Column E, below. If you need additional lines to report this compensation, please attach additional sheets.
 - If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

A Period each salary rate was in effect during the three years of highest salaries <i>Use a separate line for each salary rate</i> From (mm/dd/yyyy)To (mm/dd/yyyy)		B Number of days paid during period	C Number of days in contract year	D Full-time equivalent salary for each period	E Additional eligible earnings for coaching, extracurricular activities or longevity	F Ineligible earnings paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or fringe benefits*	G Total eligible earnings <i>(Do not include amounts listed in column F)</i>
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$
/ /	/ /			\$	\$	\$	\$

* NOTE: By law, retirement deductions should not be withheld for any monies listed in column F. If any deductions were taken in error on any amounts included in column F, please explain below.

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PART 2, SECTION 5

SALARY
VERIFICATION

Please provide a breakdown, by school year, of all additional eligible earnings for coaching, extracurricular activities or longevity, or any other amounts listed in column E, above. If you need additional lines to report this compensation, please attach additional sheets.

Continued

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (if extracurricular activity, indicate specific title)	Amount paid
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$

Were the additional earnings listed directly above
paid under the terms of an annual contract?

☐ No

☐ Yes (please attach the applicable sections of the contract)

PART 2, SECTION 6

WORKERS'
COMPENSATION

During the member's service with your district (as listed in Section 2),
did he or she receive any payments from Workers' Compensation?

☐ No

☐ Yes

If "yes," please report the following and please attach any relevant documents . .

☐ Yes, documents are attached

Section 34 full incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by you from school district, if any, during this period		
mm/dd/yyyy	mm/dd/yyyy	Amount	Your salary rate in effect	Payment category (e.g., sick leave)

Section 35 partial incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by you from school district, if any, during this period			Payments received by part-time work
mm/dd/yyyy	mm/dd/yyyy	Amount	Your salary rate in effect	Payment category (e.g., sick leave)	
					<input type="checkbox"/>
					<input type="checkbox"/>

- PART 2, SECTION 7**STATEMENT AND
SIGNATURE OF
SCHOOL
DEPARTMENT
OFFICIAL(S)****Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL**

- a) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position? ☐ Yes ☐ No
If yes, please attach additional sheet(s) to describe the offense ☐ Don't know
- b) Is the member's separation from service related in any way to a criminal action? ☐ Yes ☐ No

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, **Total eligible earnings**, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments or fringe benefits; and,
- the above information is true, complete and correct.

I have made a copy of these pages (Part 2, Sections 1–7) for future reference and clarification, if needed.


Date / /

Name (please print)

Phone

Title

Fax

Email

IMPORTANT NOTES

ALL signatures must be an original **WET SIGNATURE**—digital signatures are not accepted.

If the applicant was employed under the terms of an individual contract, this statement **MUST** also be signed by the superintendent of the school district. If the applicant is the superintendent, then this statement **MUST** instead be signed by the chairperson of the school committee.

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!

ALSO required if the applicant is employed under the terms of an individual contract:**SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON**

- c) If, as indicated in Part 2, Section 3, the member was covered by an individual contract...

- What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? mm/yyyy
- Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? . . . ☐ Yes ☐ No
- In addition to the contracts, are there any documents (formal or informal) pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? ☐ Yes ☐ No

If yes, please list all documents here AND attach a copy of each:

- During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? . ☐ Yes ☐ No

If yes, you must provide copies of ALL minutes of these meetings.

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, **Total eligible earnings**, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or fringe benefits; and,
- the above information is true, complete and correct.


Date / /

Name (please print)

Phone

Title