



2101 South Veterans Parkway, P.O. Box 19255, Springfield, IL 62794-9255

APPLICATION FOR RETIREMENT ANNUITY (PENSION) (Please Print or Type)

Please return the completed application to the above address. The first pension payment will be paid as soon as possible. Future pension payments are mailed on the 19th of the month in which they are earned. If you choose Direct Deposit, have the Depository Agreement form completed by your financial institution and return it with this application. Your first two payments will be mailed to your HOME. All future payments are deposited in your bank account on the 19th of each month, but a payment stub is not generated for each payment. The Office of the Comptroller only issues earning statements when the net amount of your benefit changes.

Birth Certificate Required [] Yes [] No

Name _____

Address _____ City _____ State _____ Zip Code _____

Phone Number _____ Social Security Number _____ Date of Birth _____

GARS Service Terminated Month _____ Day _____ Year _____

Reason for Termination: [] Expiration of Term [] Resignation [] Permanent Disability

Marital Status (check one box)

[] Single [] Widowed [] Divorced [] Married - Date of Marriage: Month _____ Day _____ Year _____

If you are single with no eligible dependents, do you want a refund of survivor's contributions? [] Yes [] No

Spouse's Name _____

List only dependent children under age 18 (under age 22 if a full-time student) and/or over age 18 who are physically or mentally disabled.

Name _____ Relationship _____ Date of Birth _____

Name _____ Relationship _____ Date of Birth _____

Were you ever convicted of a felony relating to or arising out of or in connection with your service as a GARS member: [] Yes [] No

Federal Income Tax Withholding for Pension Payments

Complete the following applicable lines:

1) I elect not to have income tax withheld from my pension. (Do not complete line 2 or 3.).....> []

2) I want my withholding from each periodic pension payment to be figured using the number of allowances and marital status shown. (You may also designate an additional dollar amount on line 3.)> (Enter number of allowances.)

Marital Status: [] Single [] Married [] Married, but withhold at higher Single rate

3) I want the following additional amount withheld from each pension payment. Note: For periodic payments, you cannot enter an amount here without entering the number (including zero) of allowances on line 2.....> \$ _____

Complete this Section only if application is for permanent disability retirement.

I became permanently disabled from service as a legislator on _____ and, as a consequence, am unable to perform the duties of my office.

Nature of disability: _____

Attending Physicians:

Name _____ Address _____

Name _____ Address _____

Reciprocal Service:

Do you have service credits in any of the following systems that may be applied under the "Retirement Systems Reciprocal Act"? Yes

No

Chicago Teachers' Pension Fund
County Employees' Annuity & Benefit Fund of Cook County
Forest Preserve District Employees' Annuity & Benefit Fund of Cook County
Illinois Municipal Retirement Fund
Judges' Retirement System
Laborers' Annuity & Benefit Fund

Municipal Employees' Annuity & Benefit Fund of Chicago
Metropolitan Water Reclamation District Retirement Fund
Park Employees' Annuity & Benefit Fund
State Employees' Retirement System
State Teachers' Retirement System
State Universities' Retirement System

List dates of service with Reciprocal Systems (from the above list).

Name of System _____ From _____ To _____

Name of System _____ From _____ To _____

Yes, I elect to have my pension computed under the Retirement Systems' Reciprocal Act. (You must make application with all Systems.)

No, I do not elect to have my pension computed under the Retirement Systems' Reciprocal Act.

I certify that the information contained on this application is correct to the best of my knowledge and belief. I hereby apply for a retirement annuity in accordance with the provisions of Article 2 of the Illinois Pension Code governing the General Assembly Retirement System.

Signature _____ Date _____