

MARYLAND STATE RETIREMENT AGENCY  
120 EAST BALTIMORE STREET  
BALTIMORE, MD 21202-6700

APPLICATION FOR MEMBERSHIP

FOR RETIREMENT USE ONLY

FORM 1 (REV. 4/15)

IMPORTANT: PLEASE READ THE INSTRUCTIONS ON THE SECOND PAGE OF THIS FORM.

SECTION ONE — TO BE COMPLETED BY APPLICANT

APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_-\_\_\_\_-\_\_\_\_

GENDER (M or F)

\_\_\_\_

DATE OF BIRTH

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

APPLICANT'S NAME

\_\_\_\_

First HOME ADDRESS

\_\_\_\_

Number and Street

\_\_\_\_

City

State

Zip Code

\_\_\_\_-\_\_\_\_-\_\_\_\_

Home Phone Number

\_\_\_\_\_

Home Email Address

1. Have you ever been a member of the Maryland State Retirement and Pension System? ..... Yes  No
2. Have you ever been a member of the Optional Retirement Plan (ORP)? ..... Yes  No
3. Are you presently receiving a retirement allowance from the Maryland State Retirement and Pension System? .... Yes  No
4. Are you presently a member of another State or local retirement or pension system operated under the laws of Maryland or any political subdivision of Maryland? ..... Yes  No   
**IMPORTANT:** If yes, read carefully the transfer provisions on the back of this form and then initial here: \_\_\_\_\_.
5. Have you attached acceptable proof of birth date as described on the back of this form? ..... Yes  No

I certify that all statements made on this application are correct. I authorize any required deductions from my salary at the prescribed rate. And if I am presently a member of another State or local retirement or pension system, I have read and understand the transfer provisions.

Applicant's Complete Signature

Date

SECTION TWO — TO BE COMPLETED BY RETIREMENT COORDINATOR

- A. IS THE APPLICANT A PERMANENT EMPLOYEE? ..... Yes  No   
If part-time, what percentage of time is the applicant employed? ..... \_\_\_\_\_ percent
- B. When did applicant begin present continuous service? ..... Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_
- C. What is the applicant's complete job classification or title? \_\_\_\_\_
- D. Is applicant's current position Optional Retirement Plan (ORP) eligible? ..... Yes  No   
If yes and the applicant checked "Yes" to question 2 above (individual previously participated), STOP and complete Form 60 *Election Not to Participate in the Teachers'/Employees' System by Faculty or Administrative Officers of Institutions of Higher Learning.*
- E. What is the applicant's annual salary? \$ \_\_\_\_\_ What is the applicant's annual standard hours? \_\_\_\_\_
- F. If applying for membership in the Law Enforcement Officers' Pension System, does the applicant meet the eligibility requirements? ..... Yes  No
- G. If the applicant is eligible to request a transfer of service credit between retirement or pension systems as a result of this new employment, have you reviewed the transfer provisions on page two with the applicant? ..... Yes  No

INDICATE SYSTEM:  Teachers' Pension  Employees' Pension  Correctional Officers' Retirement  
 State Police Retirement  Law Enforcement Officers' Pension

EMPLOYING AGENCY CODE: \_\_\_\_\_ # OF RETIREMENT CONTRIBUTIONS DEDUCTED PER FISCAL YEAR: \_\_\_\_\_ SYSTEM: \_\_\_\_\_

FOR RETIREMENT USE ONLY  
\_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YEAR  
ENTRANCE DATE

Retirement Coordinator's Complete Signature/Date

Telephone #

## INSTRUCTIONS

**Purpose of this Form:** The Application for Membership form provides the Maryland State Retirement Agency (“Agency”) with the information necessary to properly enroll new members in the Maryland State Retirement and Pension System (“System”).

### Instructions for Applicant (Section One):

1. Use a pen, print clearly, and provide the information requested in **Section One**, including: your Social Security number, gender, date of birth, first name, middle initial, last name, home address including city, state, and zip code, home telephone number and home email address.
2. Review and answer all of the questions in **Section One**. Note that if you answer “Yes” to question #4, you must read the important information at the bottom of this page on Transfer Provisions, and then initial in the space provided.
3. Sign and date the form.
4. Make a copy of the form for your records and submit the form to your retirement coordinator along with a visible and readable copy of your proof of birth date document. Acceptable documents validating your date of birth include: your valid driver’s license, Maryland identification card, birth certificate, and United States passport.
5. It is strongly recommended by the Agency that at the same time you submit your completed *Application for Membership* form to your retirement coordinator that you also submit a completed *Designation of Beneficiary* form. The *Designation of Beneficiary* form allows you to name the person (beneficiary) or persons (beneficiaries) that you want to receive any death benefits payable if you die while a member of the System.

### Instructions for Retirement Coordinator (Section Two):

1. Review the applicant’s answers to questions 1-5 in **Section One**.  
If the applicant answered “Yes” in question 3, please call the Agency to determine if he or she should be enrolled in the System.
2. Use a pen, print clearly, and answer questions A – G in **Section Two**. Pay particular attention to questions D and G.  
If in question D, you have indicated that the applicant’s current position is eligible to participate in the Optional Retirement Plan (ORP) and the applicant has indicated in question 2 from **Section One** that he or she has ever previously participated in the ORP then the applicant is NOT eligible for enrollment in the System.  
If in question G, you have indicated that the applicant is eligible to transfer service credit then you must review the Transfer Provisions on page two of the form with the applicant.
3. Indicate the retirement or pension system of participation for the applicant by checking the appropriate box.
4. Enter the required information in the employee agency code, number of retirement contributions to be deducted per year, and the system box.
5. Sign and date the form.
6. Make a copy of the completed form and the proof of birth date document for your files, and mail the original form and a copy of the proof of birth date document to the Agency.

## **Transfer Provisions for Service Credit Earned in Another Maryland State or Maryland Local Retirement or Pension System**

If an applicant was previously a member of the Maryland State Retirement and Pension System or a member of another retirement or pension system administered by a political subdivision within Maryland (e.g. county government, city government, etc.), and their current employment requires a membership change in a retirement or pension system, the applicant may be eligible to transfer their service from their previous retirement or pension system to their new retirement or pension system with the Maryland State Retirement and Pension System.

To be eligible to transfer service credit, the following requirements must be met:

1. The applicant’s employment must be continuous, meaning a change in jobs without a break in employment.
2. The transfer of service must be completed within one (1) year of the applicant becoming a member of the new retirement or pension system.

To transfer service credit from one retirement or pension system within the Maryland State Retirement and Pension System to another retirement or pension system within the Maryland State Retirement and Pension System, a completed *Election to Transfer Service* (Form 37) must be submitted to the Agency.

To transfer service credit from a retirement or pension system outside of the Maryland State Retirement and Pension System (e.g. a county, city, or local government system) to a retirement or pension system within the Maryland State Retirement and Pension System to another retirement, a completed *Request to Purchase Previous Service* (Form 26) must be submitted to the Agency.

**If you need help** to complete this form or require clarification, please call 410-625-5555 or 1-800-492-5909.

**DESIGNATION OF BENEFICIARY**

**IMPORTANT:** Please return completed form to the address listed above. Print clearly and read the instructions first. Fill in all sections. Retain a copy for your records.

**FOR RETIREMENT USE ONLY FORM 4 (REV. 9/15)**

APPLICANT'S SOCIAL SECURITY NUMBER

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

CHECK ONE:  Active  Vested  Retired (If retiring, retirement date \_\_\_\_\_ )

**IMPORTANT:** If you are retired under Option 2, 3, 5 or 6, **STOP**. You cannot use this form. You must complete a Form 66 to initiate any beneficiary changes.

APPLICANT'S NAME

\_\_\_\_ First Initial Last

HOME ADDRESS

\_\_\_\_\_

Number and Street

\_\_\_\_\_ - \_\_\_\_\_

City

State

Zip Code

**PRIMARY BENEFICIARY(IES)** All money shall be paid in equal shares to the primary beneficiary(ies) who are living at the time of my death.

Check if you used an additional Form 4 to name additional primary beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_

\_\_\_\_ First Initial Last

Gender: \_\_\_\_ Birthdate: \_\_\_\_

(M or F)

Month

Day

Year

BENEFICIARY'S ADDRESS \_\_\_\_\_

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_

\_\_\_\_ First Initial Last

Gender: \_\_\_\_ Birthdate: \_\_\_\_

(M or F)

Month

Day

Year

BENEFICIARY'S ADDRESS \_\_\_\_\_

**CONTINGENT BENEFICIARY(IES)** If all primary beneficiaries die before me all money shall be paid in equal shares to the following person(s) who are living at the time of my death.

Check if you used an additional Form 4 to name additional contingent beneficiaries.

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_

\_\_\_\_ First Initial Last

Gender: \_\_\_\_ Birthdate: \_\_\_\_

(M or F)

Month

Day

Year

BENEFICIARY'S ADDRESS \_\_\_\_\_

BENEFICIARY'S NAME RELATIONSHIP \_\_\_\_\_

\_\_\_\_ First Initial Last

Gender: \_\_\_\_ Birthdate: \_\_\_\_

(M or F)

Month

Day

Year

BENEFICIARY'S ADDRESS \_\_\_\_\_

TO THE MARYLAND STATE RETIREMENT AGENCY: I authorize the Maryland State Retirement Agency to pay the death benefit to my designated beneficiary or beneficiaries. I agree on behalf of my estate, heirs and assigns that the payment made by the agency will release the agency from any further obligation regarding this benefit. I direct the agency to pay the death benefit to my estate if I have not designated any beneficiary or if all of the primary and contingent beneficiaries I have named die before me. I understand that I may change beneficiaries at any time by filing a new Designation of Beneficiary form with the Maryland State Retirement Agency. Any new Designation of Beneficiary form I file will replace this form. I understand certain payment due to a minor shall be made only to the legal guardian of that minor. SIGN IN THE PRESENCE OF A NOTARY PUBLIC. (Form not valid unless notarized.)

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

This form must be signed and notarized in order to be valid.

Please check (✓) for your system:

- ( ) 1 Teachers' Retirement System
- ( ) 2 Employees' Retirement System
- ( ) 2C Correctional Officers' Retirement System
- ( ) 3 State Police Retirement System
- ( ) 6 Teachers' Pension System (Incl. Bifurcated)
- ( ) 7 Employees' Pension Sys. (Incl. Bifurcated)
- ( ) 8/9 Law Enforcement Officers' Pension System

State of \_\_\_\_\_ County of \_\_\_\_\_ (or City of Baltimore)  
On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the undersigned officer,

Official Seal must be affixed

personally appeared \_\_\_\_\_, known to me

NAME OF PERSON WHOSE SIGNATURE IS BEING ACKNOWLEDGED \*

(or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that (he/she) executed the same for the purposes therein contained. In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public \_\_\_\_\_

Printed Name of Notary Public \_\_\_\_\_ My Commission Expires \_\_\_\_\_

\* IMPORTANT: If the name of the individual whose signature is being acknowledged is not filled in, this form will be INVALID and have no legal effect.

# PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT THIS FORM

## 1. Important terms/definitions:

- a. **Active Member:** a member who is currently employed by a participating employer, including a member who is currently on a Qualifying Leave of Absence
- b. **Vested Member or Former Member:** a member or former member who is no longer employed by a participating employer, but who is eligible to receive a deferred vested allowance based on the number of years of service credit earned during employment
- c. **Retiree:** an individual who has separated from employment with a participating employer and receives a monthly retirement allowance
- d. **Primary Beneficiary:** person(s) to receive any benefits payable on your death
- e. **Contingent Beneficiary:** person(s) to receive any benefits payable upon your death only if all of the primary beneficiaries die before your death

## 2. Purpose of this form:

This Form applies to the Employees' and Teachers' Retirement and Pension Systems, Correctional Officers' Retirement System, Law Enforcement Officers' Pension System and State Police Retirement System.

If you are an **Active Member** or a **Vested Member or Former Member**, use this form to name or change the person or persons you want to receive any payable death benefits. The beneficiary(ies) of an active member may be entitled to a one-time payment equal to your annual salary at death plus any member contributions with accumulated interest. The beneficiary(ies) of a vested member or former member may be entitled to payment of any member contributions with accumulated interest.

**Important note for active members who are married:** If you die as an active member and you meet certain requirements related to your age and/or the years of service, your spouse may be eligible to elect to receive a monthly survivor allowance instead of the standard death benefit payable for members who die during employment. If you want your spouse to be eligible to make this election, you must name your spouse as your **sole/only** primary beneficiary.

If you are a **Retiree**, use this form to change your beneficiary(ies) **only** if you chose the Basic Allowance, Option One or Option Four at retirement. If you chose Option Two, Three, Five or Six at retirement, **STOP**. You **may not** use this form to change your beneficiary. Changing your beneficiary under Options Two, Three, Five or Six is a two-step process. You must first submit a *Request for Calculation of Joint Survivorship by a Retiree Considering Changing a Beneficiary* (Form 66) in order to receive an estimate of your recalculated allowance based on the new proposed beneficiary. This form is available on the Retirement Agency website at [sra.maryland.gov](http://sra.maryland.gov) or by calling a retirement benefits specialist. When you receive a written estimate of the recalculated allowance, you will be provided with a different form (Form 67) to complete and submit if you decide to change your beneficiary.

**Important note for participants of more than one State system:** If you participate in more than one system, you must properly complete and submit a *Designation of Beneficiary* (Form 4) for each system. Members of the Judges' Retirement

System please use Form 4.1. Members of the Legislative Retirement System please use Form 55.

## 3. Number of beneficiaries:

Fill out only the spaces needed. If you need space for more beneficiaries, complete another form and check the box or boxes to show that you have used a second form.

## 4. Full names of beneficiaries:

Give the full names of your beneficiaries. For example, "Mary Jones" not "Mrs. John Jones."

## 5. Who can be a beneficiary:

Beneficiaries do not need to be related to you.

**Minors:** You may name a minor (child less than 18 years of age) as a beneficiary, but in some cases payments can only be made to the legal guardian of a minor. You cannot use this form to name a legal guardian for minor children.

**Your estate:** You may name "my estate" as your sole primary beneficiary. Do not name a personal representative of your estate as your beneficiary. Instead, use the space for the beneficiary's address to show the address of the person or business that will administer your estate. If your estate is named as the primary beneficiary, do not designate contingent beneficiaries.

**Trustee:** If you have established an Agreement of Trust or Testamentary Trust, you may name "Trustee as appointed by Agreement of Trust or Will" in the space provided for the beneficiary's address. Give the address of the Trustee or of the person or business that will administer the trust.

**Church or charitable organization:** List the complete corporate or legal name.

## 6. How benefits are divided among your beneficiaries:

Any benefits due at your death are paid in equal shares to the living primary beneficiaries named on your Designation of Beneficiary form. If you name multiple primary beneficiaries, and one of the primary beneficiaries dies before you, the total benefits due at your death are divided in equal shares among the remaining primary beneficiaries. If all of the primary beneficiaries are deceased on your death, any benefits are payable in equal shares to your contingent beneficiaries who are then living. A deceased beneficiary's share of your total benefits cannot be paid to that deceased beneficiary's heirs. Payment is made only to the living beneficiaries listed on your Designation of Beneficiary form

## 7. Notarization

This form is not valid unless notarized by a Notary Public.

Properly completed forms should be mailed to: Maryland State Retirement Agency, 120 E. Baltimore St., Baltimore, MD 21202-6700

**Important note for all individuals filing this form:** This form must be filed with the Maryland State Retirement Agency and is not considered to be filed if it is not submitted to the MSRA, but instead submitted to the employing agency. MSRA shall use the last form properly completed and filed with MSRA on or before the date of death to determine who is entitled to receive any benefits owed.