



Advanced Application

Form 16 – Revised 12/19/2011

Please print or type in black ink. Completed form should be mailed or faxed to PERS and must be on file with PERS at the time of member's death to ensure benefit allocation wishes are followed should member die before retirement. See bottom of form for contact information.

1 Member Information – Attach a copy of member's birth certificate.

First Name: _____ MI: _____ Last Name: _____ Gender: M F
 Social Security No.: _____ Birth Date mm/dd/ccyy: _____ E-Mail: _____
 Marital Status – *Select one.* Single Married Divorced Widowed Marriage, Divorce, or Widowed Date mm/dd/ccyy: _____
 Mailing Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Cellular Home Work Phone: _____ Cellular Home Work

2 Retirement Plan – *Select applicable plan.*

Public Employees' Retirement System of Mississippi (PERS) Mississippi Highway Safety Patrol Retirement System (MHSPRS)
 Supplemental Legislative Retirement Plan (SLRP)

3 Benefit Payment Options – *Select one Base Payment Option and, if desired and eligible, one Partial Lump Sum Option (PLSO).*

Base Payment Option – *Select base option only after obtaining from PERS a current Estimate of Benefits.*

- Option 2**, 100 Percent Joint and Survivor Annuity for One Beneficiary **Option 3**, 100 Percent Joint and Survivor Annuity for Two Beneficiaries
 Option 4, 75 Percent Joint and Survivor Annuity for One Beneficiary **Option 4A**, 50 Percent Joint and Survivor Annuity for One Beneficiary
 Option 4B-10, 10-Year Annuity Certain **Option 4B-15**, 15-Year Annuity Certain **Option 4B-20**, 20-Year Annuity Certain

Partial Lump Sum Option (PLSO) – *Refer to your current Estimate of Benefits and to the Special Tax Notice Regarding Plan Payments before selecting PLSO for the beneficiary.*

- Not Eligible No Lump Sum 12-Month Lump Sum 24-Month Lump Sum 36-Month Lump Sum

4 Beneficiary Designation – Beneficiary designations may **not** be changed after the effective retirement date. Attach a copy of the birth certificate and a copy of the Social Security card for any beneficiary listed.

For Base Payment Options 2, 3, 4, and 4A only

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship
Primary (Options 2, 3, 4, or 4A) : _____	_____	_____	_____
Secondary (Option 3 only) : _____	_____	_____	_____

For Base Payment Options 4B-10, 4B-15, or 4B-20, as applicable, and any unused contributions, if any, for Base Options 2, 3, 4, or 4A, as applicable – *If more than one primary beneficiary is listed, those primary beneficiaries will share equally unless otherwise noted. Secondary beneficiaries also will share equally unless otherwise noted.*

Beneficiary Name	Social Security No.	Birth Date mm/dd/ccyy	Relationship	Beneficiary Percentage <i>Use whole numbers</i>
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary _____ %
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary _____ %
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary _____ %
_____	_____	_____	_____	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary _____ %

5 Applicant Authorization

By filing PERS Form 16, *Advanced Application*, I revoke any previous option selection or beneficiary designation on file with PERS. I have reviewed and understand all options available to me and my designated beneficiary(ies) and agree that the option selected and beneficiary(ies) I have designated above shall be effective from the time this form is filed with PERS in the event of my death prior to my actual retirement. Furthermore, I reserve the right to change the above option and/or beneficiary designation(s) by filing another PERS Form 16 at any time prior to my death or my actual retirement. At the time of actual retirement, I will complete the process of applying for retirement benefits and make my final choice of option. *If an authorized representative signs this form, attach a copy of the durable power of attorney, conservatorship or guardianship papers, or other legal documents as proof of authority to sign this form.*

Applicant's Signature: _____ Date mm/dd/ccyy: _____