



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

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REEMPLOYED RETIREE ANNUITY APPLICATION

After you have terminated your employment, you may be eligible to receive payment of your SERS account. You should read this application and the enclosed Special Tax Notice carefully before completing and returning the application to SERS.

When are you eligible for a payment?

- If you are under 65 years old and have not received a payment of your reemployed account within the last 12 months, you may refund your accumulated contributions.
- If you are over 65 years old and have not received a payment of your reemployed account within the last 12 months, you may apply for either a one-time lump-sum payment of your annuity, or monthly annuity payments.

What is the effect if you take a payment?

The refund of your accumulated contributions cancels any available rights to a SERS annuity. If you select a refund before age 65, you can receive only your contributions.

A reemployed retiree is eligible for a **retirement** benefit at the later of age 65, termination of the employment, or 12 months from the effective date of the last reemployed retirement benefit. The benefit is an annuity consisting of your contributions, and part of the employer contributions and interest. You may choose to receive the annuity as a monthly benefit if it will be more than \$25 per month, or in one lump-sum payment.

In the event you die before you collect a benefit, your beneficiary would be entitled to payment of your account as a one-time lump-sum annuity payment.

You may obtain information about your possible benefits by contacting the SERS office.

Are there tax issues related to your payment?

There are a number of tax issues for you to consider. You should read the enclosed Special Tax Notice before making a decision on how you wish to direct your payment.

Under federal tax law, neither a payment nor a direct rollover can be made by SERS until at least 30 days after you receive the Special Tax Notice. Thus, after receiving this notice, you have at least 30 days to consider whether or not to have your payment directly rolled over. If you do not wish to wait until this 30-day notice period ends before your election is processed, you may waive the 30-day period by signing and returning your application, and indicating whether or not you wish to make a direct rollover. Your payment will then be processed in accordance with your election and Ohio law.

REEMPLOYED RETIREE ANNUITY APPLICATION

A. PERSONAL INFORMATION

Social Security Number: --

Name: _____
FIRST MIDDLE (MAIDEN) LAST

Date of Birth: _____ Email Address: _____
MONTH/DAY/YEAR

Address: _____
STREET OR ROUTE NUMBER OR P.O. BOX

CITY STATE ZIP

Daytime telephone number: (_____) _____
AREA CODE

B. SERVICE

The date of my last school service with _____ was _____
SCHOOL DISTRICT OR INSTITUTION MONTH/DAY/YEAR

Was your last service with this employer as a public safety officer? Yes No

C. PAYMENT SELECTION

Please select your choice of payment: (mark only one)

- I am under 65 years old and elect to have a refund of my accumulated contributions.
- I am over 65 years old and elect to receive a one-time lump-sum payment of my annuity.
- I am over 65 years old and elect to receive an annuity in equal monthly installments payable for my lifetime.

D. BENEFICIARY INFORMATION

Beneficiary's Name: _____

Social Security Number: _____ Relationship: _____

Address: _____
CITY STATE ZIP

E. ROLLOVER REQUEST (OPTIONAL)

If the total amount of the payment includes a taxable portion, SERS is required to withhold 20% of the taxable amount as federal income tax withholding. You may be able to continue to defer federal taxation by making an eligible rollover.

Complete this section if you want to rollover all or a portion of your payment to an IRA or eligible retirement plan. Carefully review the enclosed Special Tax Notice to understand this option which may allow you to continue to defer taxes on your payment. Any amounts not rolled over will be sent to you.

If this information is **not** completed, 20% of the taxable amount will be withheld.

Custodian/trustee name: _____

Custodian/trustee address: _____

Your account number: _____

This account is a:

- Traditional Individual Retirement Account (IRA) Roth IRA Other eligible retirement plan

Amount of the taxable portion of your payment to be rolled over to this firm: All or Part: \$ _____

Amount of the after-tax portion of your payment to be rolled over to this firm: All or Part: \$ _____

Mark one of the following:

- My custodian/trustee will accept a direct rollover of my payment. Send the funds to the firm's address on this form.
- My custodian/trustee will not accept a direct rollover of my payment. Send the check to me so that I may deliver it to the firm.

F. ACKNOWLEDGEMENT (Required)

Complete and sign this section in the presence of a Notary Public or SERS counselor.

I certify that:

1. I am applying for payment of my annuity with SERS;
2. The information that I have supplied in this application is accurate and true;
3. I have terminated my school service and am not on a leave of absence;
4. I have received and reviewed the Special Tax Notice, and understand that I have 30 days to consider my decision to request a direct rollover of a refund or a lump sum payment if selected, and by signing this application I am affirmatively waiving this 30-day period.

Being duly sworn, I, the undersigned, state that the information provided in this application is complete and true to the best of my knowledge and belief.

Retiree's signature: _____ Date: _____
DO NOT PRINT

SERS counselor signature: _____ Date: _____

OR

State of: _____

County of: _____

Sworn and subscribed to me by _____ this _____ day of _____, 20 _____

Notary Public: _____ My commission expires: _____

G. EMPLOYER CERTIFICATION

If you have worked in a SERS-covered position during the last 6 months, this section must be completed by the treasurer's office or finance personnel.

If you have SERS-covered positions with more than one school employer during the last 6 months, a separate application for each employer is required.

I certify to the best of my knowledge the following information:

1. The above employee has terminated service with us and is not on a leave of absence;
2. The employee's last date of service was: _____;
(MONTH/DAY/YEAR)
3. The employee's name and Social Security Number are the same as on file with us; and
4. The final contributions for this employee will be submitted on the SERS Contribution Detail Report for: _____ .
(MONTH/YEAR)

Certifier's signature: _____

Title: _____

School employer: _____

District Code: _____ Date: _____

SPECIAL NOTICE:

IF YOU RETURNED TO WORK IN A POSITION CONTRIBUTING TO SERS WITHIN TWO MONTHS OF YOUR EFFECTIVE DATE OF RETIREMENT, THOSE CONTRIBUTIONS WILL BE INCLUDED IN THE PAYMENT OF THE ANNUITY LESS INTEREST AND THE EMPLOYER PORTION.