

APPLYING FOR RETIREMENT
under the
Retirement Savings Plan (RSP)



State Universities Retirement System of Illinois
Information and Applications

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General Instructions

Follow the steps in this guide to receive SURS benefits.
Read all the information carefully.

Retirement Checklist

- Contact providers for Income Illustrations
- Review fund allocations (www.voya.com/surs)

If you have not already sent the following documents to SURS, include them with this application:

- Copy of your birth certificate
- If married, copy of your marriage /civil union certificate (if annuitizing)
- Copy of birth certificate for your survivor listed in Part 3 (if annuitizing)
- Copy of your Medicare card or Letter of Ineligibility (if applicable)
- Copy of your spouse's Medicare card or Letter of Ineligibility (if applicable)
- Insurance Program Participation Election Form*
- W-4P, withholding form for monthly annuity
- Contact the Social Security Administration
-

*If you are electing health insurance at retirement, you will need to register and choose coverage using the MyBenefits website at mybenefits.illinois.gov, even if you are currently enrolled. Failure to do so could result in the termination of insurance benefits. Members will be billed directly by MyBenefits for any premiums due.

For more information, visit www.surs.org. You may contact a SURS Member Service Representative toll free at 800-275-7877, or dial direct 217-378-8800.

This packet is intended to serve only as a brief summary of the provisions of the law governing the State Universities Retirement System. It should not be considered a substitute for the provisions of the law which are set forth in Chapter 40, Act 5, Articles 1, 15, and 20 of the *Illinois Compiled Statutes*.

General Information

Important – Read All Directions

Before completing your application, please review each of the following sections. If you find something that might affect your SURS benefit that you have not discussed with a SURS representative, you should contact SURS right away.

If you will be receiving Social Security benefits, note that certain restrictions may apply to your Social Security income if you receive both Social Security benefits and a benefit from SURS. You should contact the Social Security Administration for information on these provisions.

Service Credit

You must have eight years of service credit to retire at age 55 or five years to retire at age 62. You may retire at any age with 30 or more years of service credit. If you have had previous employment/service, you may be eligible to purchase additional credit to increase your benefit. You must be an "active" member to purchase.

More information regarding service credit can be found in the Retirement Savings Plan Member Guide at www.surs.org/rsp.

Sick Leave

You will receive additional service credit for unused and unpaid sick leave earned in accordance with an employer's generally applicable sick leave policy if your retirement annuity begins within 60 days after you terminate your employment covered by SURS or one of the other systems subject to the Illinois Retirement Systems Reciprocal Act.

Your employer may pay you for a portion of your unused sick leave when you terminate employment. If so, you will receive additional service credit only for any unpaid portion.

Choosing a Distribution Option

Important Information

Contact TIAA, Principal or the Defined Contribution Contact Center to obtain a Retirement Income Illustration prior to making your income choice. NOTE: TIAA annuities are available only if you have funds in a TIAA account as of Sept. 1, 2020, and you do not transfer them out of TIAA after that date.

To be eligible for insurance through the State Employees Group Insurance Program (SEGIP) or the

College Insurance Program (CIP), you must meet one of the following conditions, assuming all other eligibility requirements are met:

- Annuitize 100% of your account balance with Principal Financial and/or TIAA (if applicable).
- Allocate 100% of your account balance to the SURS Lifetime Income Strategy (LIS), 50% of which must be allocated to the Secure Income Portfolio (SIP) and distributed as Secure Income Withdrawals.
- Allocate at least 50% of your LIS account balance to the SIP and distribute as Secure Income Withdrawals, annuitize 100% of any funds in the SURS core investments with Principal and annuitize 100% of any TIAA funds with TIAA.

You must choose a Joint & Survivor option in order for your spouse/civil union partner or eligible survivor to remain eligible for insurance at your death.

Distribution Options

- **SURS Lifetime Income Strategy – Single-life** – You will receive your Secure Income Withdrawal Amount for the rest of your lifetime only. This option will provide your monthly income for life and may allow for increases in your monthly income if you have favorable returns in underlying investment accounts. However, your annual income benefit will never decrease. You may also have the option of taking additional distributions after retirement, as needed. Note that you will not be able to take additional withdrawals from your account or move your non-secure balance to the core investment lineup until you have reached age 60. Upon your death, payment of your Secure Income Withdrawal Amount will stop, and your plan beneficiary will receive the value of your SURS Lifetime Income Strategy account, including any money in your Secure Income Portfolio.
- **SURS Lifetime Income Strategy – Joint-life** – (Available only if you are legally married or in a civil union and your spouse or civil union partner is at least age 45 at the time of activation) You will receive a Secure Income Withdrawal Amount for both your lifetime and the lifetime of your spouse or civil union partner – but at a lower amount than if you chose the single-life form

because joint-life form withdrawals are made over two lifetimes, not just one. This option may allow for increases in your monthly income if you have favorable returns in underlying investment accounts. However, your annual benefit will never decrease. You may also have the option of taking additional distributions after retirement, as needed. Note that you will not be able to take additional withdrawals from your account or move your non-secure balance to the core investment lineup until you have reached age 60. When you die, (1) your surviving spouse or civil union partner will continue to receive the Secure Income Withdrawal Amount for the rest of his/her lifetime. Upon the death of your surviving spouse or civil union partner, your spouse's or civil union partner's beneficiary will receive the value of the Secure Income Portfolio; and (2) your plan beneficiary, who may or may not be your surviving spouse or civil union partner, will receive the value of the SURS Lifetime Income Strategy's other portfolios.

- **Single Life Annuity** – You receive monthly payments for life. This option may be utilized with Principal or TIAA (if applicable). **Payments will end at your death.**
- **Single Life Annuity with a Guaranteed Period** – You receive monthly payments for life. If you die before the end of your chosen guaranteed period of 10, 15, or 20 years, monthly payments will continue to your designated beneficiary until the end of the guaranteed period.
- **50% or 100% Joint & Survivor Annuity** – You receive monthly payments for life, with continued monthly payments to your designated beneficiary for life in an amount equal to either 50% or 100% of your monthly benefit. **Payments will end with your death and your beneficiary's death.**
- **50% or 100% Joint & Survivor Annuity with a Guaranteed Period** – You receive monthly payments for life, with continued monthly payments to your designated beneficiary for life in an amount equal to either 50% or 100% of your monthly benefit. If both you and your survivor die before the end of your chosen guaranteed period of 10, 15, or 20 years, monthly payments will continue to your designated beneficiary until the end of the guaranteed period.

Normal vs. Optional Forms of Distribution

If you are not married or in a civil union as of the date of retirement, the normal form of distribution is a Single Life benefit that provides monthly pay-

ments for your life. This form of payment does not provide any survivor benefits. If you have a spouse/civil union partner on the date of retirement, the normal form of distribution will be any option that provides joint and survivor lifetime income benefits to your spouse/civil union partner. You may choose one or more of the normal or optional forms of payment depending on the circumstances that apply to your situation.

Electing an Optional Form of Payment

To choose an optional form of payment, you must file a written election with SURS during the 180-day election period before your retirement date. You may revoke any previous election for an optional form of payment and reinstate the normal form of payment at any time during this 180-day period.

If you are married and wish to choose an optional form of payment, your spouse/civil union partner must consent to this in writing. Your spouse's/civil union partner's consent must acknowledge the effect of your election and must be witnessed by a Notary Public. Spousal consent is not required if:

- You and your spouse/civil union partner are legally separated, or you have been abandoned (within the meaning of local law) and you have a court order to that effect.
- You provide satisfactory proof that the spouse's/civil union partner's consent cannot be obtained because there is no spouse/civil union partner, or because your spouse/civil union partner cannot be located, or because of some other approved circumstance.

Your spouse's/civil union partner's consent to one of the optional forms of payment described above is irrevocable.

Transferring to Another Provider

You may consolidate or transfer your account prior to electing your form of distribution.

- If you have an account with TIAA, they can pay the annuity. You may also transfer your account to Principal Financial to purchase an annuity or to Voya to utilize the SURS Lifetime Income Strategy.
- You may also transfer funds from the SURS Lifetime Income Strategy or the core array at Voya to Principal Financial to purchase an annuity.

To transfer from one provider to another, you must complete the appropriate provider transfer form.

Contacting the Fund Providers

SURS Defined Contribution Contact Center For all defined contribution plan inquiries, including information relating to the plan recordkeeper, Voya Financial and SURS Lifetime Income Strategy. 800-613-9543 www.voya.com/surs

Principal

(provider of monthly annuities for Voya Financial) Call SURS at 800-275-7877 to request an estimate. For benefit inquiries after retirement call 800-247-7011.

TIAA

888-219-8310
www.tiaa.org/illinois

SURS Lifetime Income Strategy

Activation may take place in two phases. In phase one, if you have at least eight years of service, are between the ages of 55 and 60, and have terminated employment with all SURS covered employers, you may receive monthly systematic withdrawals, if you commit to activating the SURS Lifetime Income Strategy at age 60.

In phase two, you can activate your SURS Lifetime Income Strategy account to begin receiving a Secure Income Withdrawal Amount if you are at least age 60, have eight years of service, and have separated from service with your employer. Members who have between five and eight years of service must wait until age 62 to activate their SURS Lifetime Income Strategy.

There are special considerations that apply for members electing to utilize the LIS and retiring under the age of 60 or prior to LIS activation. The systematic withdrawals prior to age 60 will come from the non-secured income portfolio unless you elect a 100% LIS option. Members taking systematic withdrawals will be eligible for retiree health insurance benefits, assuming all other eligibility requirements are met. If you die before activation, your spouse or civil union partner would not receive a Guaranteed Withdrawal Amount for the LIS. He/she would receive the full value of your LIS account, assuming that he/she is your plan beneficiary. If the surviving spouse or civil union partner wanted to continue retiree health insurance benefits, he/she would need to annuitize the remaining account balance with Principal Financial Group. When you activate, you can make a one-time election for either a single-life or joint-life form of withdrawal for your Secure Income Withdrawal Amount.

The Secure Income Withdrawal Amount is funded by assets in your Secure Income Portfolio (and, in the event those assets are exhausted, by the participating insurance companies). A deposit for your first Secure Income Withdrawal Amount generally will be made the month following your activation date (provided employment termination information has been received by Alliance Bernstein at least 10 business days before the end of the month).

Note: If you want to participate in the State Employee Group Insurance Program or the College Insurance Program now or at any time in the future (assuming you meet eligibility requirements) your first step must be to activate your SURS Lifetime Income Strategy with at least 50% of your account balance being in the Secure Income Portfolio and converted to lifetime income. Failure to execute this step will make you ineligible for insurance benefits through the state of Illinois. If you elect to preserve your right to participate in retiree health insurance and convert at least 50% of your account balance to lifetime income, you are also acknowledging that you will not be allowed to take withdrawals that would lower your income amount below the required 50% level.

Important Note: You and/or your spouse or civil union partner have seven days from the day your activation form is received to rescind your elections and waivers and cancel activation. The activation date is when your income is ready to be paid, which may be some time after your retirement date, depending upon how quickly your employer sends final payroll and termination information to SURS.

For more information, consult these resources:

- **The Lifetime Income Strategy brochure**—The brochure is available under the Resources tab of the Lifetime Income Strategy website (see below).
- **The Lifetime Income Strategy website**—Check account balances, model your Secure Income Withdrawal Amount under the single- and/or joint-life withdrawal forms, and more. Go to alliancebernstein.voyaplans.com. Log in and go to Account, then click the Lifetime Income Strategy link.
- **SURS Defined Contribution Contact Center**—Get help from a Customer Service Associate (CSA) by calling 800-613-9543. CSAs are available between 8 a.m. and 8 p.m. Eastern time Monday through Friday, except New York Stock Exchange holidays.

Filing for Retirement

If you are electing the normal form of distribution, SURS would like to receive your application 60 days prior to your effective retirement date. If you are electing an optional form of distribution, you may not make this election before the 180-day period prior to the effective date of your annuity. Your election to choose an Optional Form of Distribution is irrevocable after your Retirement Date. If you have established at least one year of service credit with any of the other 12 reciprocal systems, you must contact the individual system(s) to request an application for their portion of the benefit. You will receive a benefit payment from each system and provider(s). If you are eligible for either the State Employees Group Insurance Program or College Insurance Plan and elect for your coverage to begin immediately, your insurance will start on your retirement date or the first of the month after your retirement date, if your retirement date is not the first day of the month. You will be billed monthly for any premiums you may owe. To enroll in either plan, complete the insurance forms in this packet.

Social Security

With few exceptions, SURS members do not contribute to Social Security. Therefore, you should be aware that by receiving a distribution from the RSP, any possible Social Security benefits you may be due could be reduced under the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) under federal Social Security laws and regulations. The WEP directly impacts potential Social Security benefits, and the GPO affects widows' or widowers' benefits. For more information on either the WEP or the GPO, contact the Social Security Administration at 800-772-1213.

Employment After Retirement

If you take an RSP retirement distribution and later return to employment, there is no waiting period or earnings limitation. However, you will not be able to contribute to SURS when re-employed by a SURS-covered employer and you may not be able to participate in the health insurance program as an active employee. For more information about returning to employment, please refer to the Leaving and Returning to Employment section of the RSP Member Guide available at surs.org. If you are receiving an annuity from one of the other 12 reciprocal systems, please contact that system for earnings limitation information.

RECIPROCAL SYSTEMS

Chicago Teachers' Pension Fund
203 N. La Salle Street, Suite 2600
Chicago, IL 60601-1267
Tel. (312) 641-4464 Fax (312) 641-7185
www.ctpf.org

County Employees' Annuity & Benefit Fund of Cook County
33 North Dearborn Street, Suite 1100
Chicago, IL 60602-3116
Tel. (312) 603-1200 Fax (312) 603-9760

Forest Preserve District Employees' Annuity & Benefit Fund
of Cook County
33 North Dearborn Street, Suite 1100
Chicago, IL 60602-3116
Tel. (312) 603-1200 Fax (312) 603-9760

General Assembly Retirement System
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 782-8500 Fax (217) 557-5154
www.state.il.us/srs

Illinois Municipal Retirement Fund
2211 York Road, Suite 500
Oak Brook, IL 60523-2337
Tel. 800-275-4673 Fax (630) 368-5399
www.imrf.org

Judges' Retirement System
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 782-8500 Fax (217) 557-5154
www.state.il.us/srs

Laborers' Annuity & Benefit Fund of Chicago
321 North Clark Street, Suite 1300
Chicago, IL 60654-4739
Tel. (312) 236-2065 Fax (312) 236-0574
www.labfchicago.org

Metropolitan Water Reclamation District Retirement Fund
111 East Erie, Suite 330
Chicago, IL 60611-2898
Tel. (312) 751-3222 Fax (312) 751-5699
www.mwrdr.org

Municipal Employees' Annuity & Benefit Fund of Chicago
321 North Clark Street, Suite 700
Chicago, IL 60654-4767
Tel. (312) 236-4700 Fax (312) 527-0192
www.meabf.org

Park Employees' Annuity & Benefit Fund of Chicago
55 East Monroe Street, Suite 2720
Chicago, IL 60603-5713
Tel. (312) 553-9265 Fax (312) 553-9114
www.chicagoparkpension.org

State Employees' Retirement System of Illinois
2101 South Veterans Parkway – P.O. Box 19255
Springfield, IL 62794-9255
Tel. (217) 785-7444 Fax (217) 524-2293
www.state.il.us/srs/sers.home_sers.htm

Teachers' Retirement System
2815 West Washington Street – P.O. Box 19253
Springfield, IL 62794-9253
Tel. 877-927-5877 Fax (217) 753-0394
www.trsil.org

Retirement Application Instructions

PART 1 – Personal Information

Last Day of Work*

This is the later of (1) the last day you work, or (2) the last day you earn pay. Please contact your personnel or human resource department.

Retirement Date**

You must terminate all SURS-covered employment before you can be eligible for an income option. Your monthly income payments will begin when SURS has received, processed and sent your provider(s) your application and employer-provided termination summary information. The provider must calculate your income benefit after receipt of the application and termination information.

*These cannot be the same date.

**Must be the first of a month following the Last Day of Work.

U.S. Tax Status

U.S. citizens by birth or naturalization are subject to U.S. federal income taxes at the regular rates. Aliens who have been granted lawful permanent residency (also known as a "Green Card") and aliens who have established U.S. tax residency by meeting the "substantial presence test" are subject to U.S. federal income tax at the regular rates. Aliens who are not citizens or lawful permanent residents and who have not met the substantial presence test are "non-resident aliens" who are subject to a default 30 percent tax withholding rate. Non-resident aliens must file an IRS Form W-8BEN to certify their tax status as a non-U.S. person. If applicable, a lower tax with-holding rate may be claimed under a tax treaty for the country in which you reside by completing Lines 9 and 10 on IRS Form W8-BEN. You may contact the SURS office for this form or obtain it from the SURS website at www.surs.org/forms. If you are residing outside of the U.S., please also consult your provider(s) for additional tax information. Please refer to IRS Publication 519 for the definition of the "substantial presence test" and other tax matters concerning aliens.

- First, read all information carefully.
- Then complete all appropriate parts.
- You will be directed to skip some steps if they do not apply to you.
- If you need assistance, please contact our office.
- Sign and date all forms in ink.
- Some forms may require your signature to be notarized.

PART 2 – Retirement Systems Reciprocal Act

If you have service and earnings credit of one year or more in an Illinois public retirement system other than SURS, you may wish to retire under the Retirement Systems Reciprocal Act. Note that you must also file an application with that other system. Regardless of your election for either the recurring monthly annuity or lump-sum retirement benefit, the reciprocal system will consider SURS service and earnings credit in the calculation of their recurring monthly annuity. However, your SURS benefit will only be based on your vested RSP account balance.

PART 3 – Choosing your Distribution Option

Please review all options on Page 4 under General Information. Note that if you are using the LIS retirement option, you will not be able to take additional withdrawals from your account or move your non-secure balance to the core investment lineup until you have reached age 60. You must provide proof of birth date for your spouse/civil union partner or primary beneficiary. If you are married, you must provide a copy of your marriage certificate. You may revoke your election at any time prior to your annuity begin date, provided SURS receives written notification.

PART 4 – Spouse/Civil Union Partner Consent

If you name someone other than your spouse/civil union partner as your survivor, or if you are married and elect the lump-sum retirement benefit, spousal consent is required. The spouse's consent must be notarized.

PART 5 – Authorization of Recurring Payments

For security reasons, if no personalized voided check, deposit slip or letter from your bank is included in this section of the application, then the benefit providers will not be able to set up direct deposit for your payments. They will instead issue paper checks until you can provide the required documents.

PART 6 – Signature

Read the statements, then sign and date the application.

PART 7 – SURS use only.



RETIREMENT ELIGIBLE APPLICATION

Retirement Savings Plan (RSP)

Print or type using blue or black ink. Answer all questions. Failure to do so will cause your application to be returned. Instructions for each section can be found on the page provided.

PART 1 - Personal Information

Name (Last, First, Middle Initial)		Social Security Number		Member ID	
Home Street Address (physical location needed due to HIPAA Act)			City		State ZIP Code
Mailing Address			City		State ZIP Code
Home Phone (include area code)			Daytime Phone (include area code)		
Primary Email Address			Secondary Email Address		
Last Day of Work		Retirement Date		Date of Birth (M/D/Y)	
Tax Status (check one) <input type="checkbox"/> (1) U.S. Citizen or Lawful Permanent Resident (LPR) <input type="checkbox"/> (2) Non-LPR Alien meeting the Substantial Presence Test <input type="checkbox"/> (3) Non-resident Alien residing in a foreign country (complete W-8BEN at www.surs.org/forms)					

PART 2 - Retirement Systems Reciprocal Act

Service in the Illinois public retirement systems listed below may be considered together at retirement to determine your eligibility for retirement benefits.	
<input type="checkbox"/> All of my service is with SURS. Skip to Part 3.	
<input type="checkbox"/> I participated in the following other systems (check all boxes that apply and insert participation dates).	
Reciprocal Systems	Dates of Participation
<input type="checkbox"/> Chicago Teachers' Pension Fund	
<input type="checkbox"/> County Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> Forest Preserve District Employees' Annuity & Benefit Fund of Cook County	
<input type="checkbox"/> General Assembly Retirement System	
<input type="checkbox"/> Illinois Municipal Retirement Fund	
<input type="checkbox"/> Judges' Retirement System	
<input type="checkbox"/> Laborers' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> Metropolitan Water Reclamation District Retirement Fund	
<input type="checkbox"/> Municipal Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> Park Employees' Annuity & Benefit Fund of Chicago	
<input type="checkbox"/> State Employees' Retirement System of Illinois	
<input type="checkbox"/> Teachers' Retirement System	
(check one box) <input type="checkbox"/> I DO NOT ELECT to have my retirement benefits computed using the Reciprocal Act. <input type="checkbox"/> I ELECT to have my retirement benefits computed using the Reciprocal Act. Note: You will need to file an application with the other system(s); see Page 6 for address and phone.	

APPLICATION CONTINUES ON NEXT PAGE

PART 3 – Election of Normal or Optional Form of Distribution

Your election below certifies you obtained a Retirement Income Illustration(s). In addition, you certify that you read and understood all available options listed in the General Information section of the Retirement Savings Plan Retirement Application, including the section titled "Normal vs. Optional Forms of Distribution." Your election to choose an Optional Form of Distribution is irrevocable after your retirement date.

I certify I am: Single Married (if married list spouse/civil union partner information)

Spouse/Civil Union Partner Name: _____

Social Security Number: _____ Birth Date: _____

I elect the following Income and/or Annuity Option(s):

SURS Lifetime Income Strategy (LIS)

You may elect to convert a percentage of your LIS account balance to the Secure Income Portfolio (SIP) that provides guaranteed lifetime income. To receive health insurance, you must authorize SURS to convert at least 50% of your LIS account balance to SIP AND irrevocably agree to not take voluntary distributions at any time that will reduce your SIP account balance below 50% of the total LIS account balance determined on your LIS activation date. **Voluntary withdrawals or transfers to the core investment lineup cannot be done until you have reached age 60.**

Secure Income Portfolio Percentage. I authorize SURS to convert _____ % of my LIS account balance to income through the SIP. Note: this percentage must be 50% or greater if you elect Option 1 for health insurance, below.

Secure Income Options. I elect to receive guaranteed lifetime income from the SIP in the form below (please check one):

Single Life Monthly Benefit Joint Life Monthly Benefit

Health Insurance Options with Withdrawal Restrictions. You must also check one of the following options regarding health insurance eligibility that impacts how much you may withdraw from your SIP account balance.

Option 1: I elect to **receive** health insurance. I irrevocably agree to not take voluntary distributions after retirement that would drop my SIP account balance below an amount equal to 50% of my total LIS account balance as determined on my LIS activation date. I acknowledge and agree that this withdrawal restriction is binding on me even if I decide to no longer receive health insurance coverage in the future or if my circumstances change.

Option 2: I elect to **not receive** or **am ineligible to receive** health insurance. Although I will have no SIP withdrawal restrictions, I understand that I will not be able to elect to receive health insurance at a later time by electing this Option 2.

Annuity Options – Only complete this section if you are taking an annuity from TIAA and/or Principal

Single Life Annuity (payments end at your death)

Guaranteed Period of: None 10 yrs. 15 yrs. 20 yrs.

(Name beneficiaries **only** if adding a Guaranteed Period option to your single life election)

Beneficiary: _____
(Name) (Relationship) (Birth Date) (SSN) Percentage*

Beneficiary: _____
(Name) (Relationship) (Birth Date) (SSN) Percentage*

Joint & Survivor Annuity

50% OR 100%

Guaranteed Period of None 10 yrs. 15 yrs. 20 yrs.

Survivor: _____
(Name) (Relationship) (Birth Date) (SSN)

Beneficiary: _____
(Name) (Relationship) (Birth Date) (SSN) Percentage*

Beneficiary: _____
(Name) (Relationship) (Birth Date) (SSN) Percentage*

*If no percentage is specified, SURS will assume that you wish to divide the payments due to your beneficiaries equally.

APPLICATION CONTINUES ON NEXT PAGE

PART 4 – Spouse/Civil Union Partner Consent

If you are married and did not elect a Joint Life Lifetime Income Strategy (LIS) or Joint & Survivor Annuity, your spouse/civil union partner must consent to this election. Please complete the section below in front of a notary public.

A notary public must witness your spouse's/civil union partner's consent.

Spouse/Civil Union Partner Consent – I hereby acknowledge the effect of and consent to the election made by my spouse/civil union partner regarding the Optional Form of Distribution. I understand that this consent is irrevocable unless my spouse/civil union partner revokes his or her election prior to the date his or her distribution commences or the lump-sum benefit is paid.

Signature of Member's Spouse/Civil Union Partner _____ Date _____

To Be Completed By A Notary Public

I, _____, a notary public, in and for the County of _____, State of _____, do hereby certify that on this ____ day of _____, 20____, _____ personally appeared before me, *(spouse's/civil union partner's name)* who being first duly sworn, declared that (s)he is the spouse/civil union partner of _____, and that (s)he signed the *(member's name)* above consent as his or her voluntary act and deed.

<p><u>Notary Seal</u></p>

Signature of notary public _____

My commission expires _____

PART 5 – Authorization of Recurring Payments

I hereby authorize that recurring payments be directed to my account indicated at the financial institution designated below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account. This authorization is not an assignment of my right to receive payment. I understand that the financial institution designated reserves the right to cancel this agreement by notice to me.

Name of Financial Institution	Phone (include area code)
Complete Street Address	
City, State, Zip Code	Routing #
Check one box: <input type="checkbox"/> Checking Account # _____ <input type="checkbox"/> Savings Account # _____	

Required
Attach Voided Check or Deposit Slip Here

NOTE: It is required that your name appears on the account of which your benefit payment is to be deposited. If these documents are unavailable, please provide a letter (original copy) from your financial institution stating your name and account number for verification.

PART 6 – Member Signature

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person.
4. In lieu of Items 2 and 3, if I am not a U.S. citizen or other U.S. person and am subject to backup withholding as a non-resident alien, then I certify that the statements in the attached Form W-8BEN are, to the best of my knowledge and belief, true, correct, and complete.
5. My name and resident address are correct
6. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.
7. I understand that while I have several distribution options in the Retirement Savings Plan, my failure to comply with the minimum requirements to maintain eligibility for insurance benefits will make me ineligible for SEGIP or CIP coverage.
8. If beginning your retirement benefits in the Lifetime Income Strategy under the age of 60, I acknowledge and understand that my monthly retirement benefit will be paid out of the non-secured income portfolio until I attain the age of 60.
9. I understand that if I am under the age of 60 at my Retirement Date and I want to be eligible for SEGIP or CIP health insurance benefits, that I will be required to receive monthly withdrawals from my Non-Secure LIS account until I begin receiving Guaranteed Lifetime Withdrawal Benefits (GLWB) at age 60 from my Secure LIS account. I understand that the monthly withdrawals will be based on estimations of my future monthly GLWBs and will be subject to investment gains or losses in my Non-Secure LIS portfolio.
10. I understand that if I elect to use the SURS LIS as a distribution option I will not be able to take additional withdrawals from my account or move my non-secure balance to the core investment lineup until I have reached age 60.
11. I understand that if I decline a Joint & Survivor Benefit, my spouse, should they survive me, will not be eligible for Insurance benefits.
12. I understand that this application is only valid for 180 days from the date it was signed. If 180 days or more have passed since the date the application was signed, the application will be considered expired, and can no longer be processed.

Signature _____ Date _____

Checklist

If you have not already sent the following documents to SURS, you must include copies of them with this application:

- Copy of your birth certificate
- If married, copy of your marriage/civil union certificate
- Copy of birth certificate for any beneficiary listed in Part 3 of this application
- Copy of your and your dependent's Medicare card or Letter of Ineligibility
- Form W4-P, if taking monthly annuity and are a U.S. citizen, Lawful Permanent Resident or a non-LPR alien who met the Substantial Presence Test.

**Mail original application to: SURS, 1901 Fox Drive, Champaign, IL 61820-7333
Faxes will NOT be accepted. Toll free – 800-275-7877 Direct – 217-378-8800**

PART 7 – For SURS Use Only

SURS Authorized Signature: _____ Phone Number: _____ Date: _____

Annuity Authorization Forms

If you have elected to receive an annuity, you must complete at least one of the following Annuity Authorization forms. Once your benefits have begun, your elections are irrevocable. SURS strongly suggests that you contact the providers for Income Illustrations, or estimates, of your potential payments. Their contact information has been provided below for your convenience.

If you have an account balance with Voya, and wish to take an annuity, the funds must be transferred to Principal Financial. You may complete the Voya-to-Principal Life Insurance Company Transfer Form for Annuity Purchase to take an annuity with Principal Financial.

If you have an account balance with TIAA, and wish to take an annuity, you have two options. You can annuitize through TIAA, or you may annuitize through Principal Financial. If you wish to annuitize through TIAA, please complete the TIAA Annuity Authorization form. If you would like to annuitize your TIAA balance with Principal Financial, please complete the TIAA-to-Principal Life Insurance Company Transfer Form for Annuity Purchase.

Should you have a balance with both TIAA and Voya, you can either take an annuity from TIAA and Principal by completing both the TIAA Annuity Authorization and Voya-to-Principal Life Insurance Company Transfer Form for Annuity Purchase forms. Alternatively, you may consolidate your funds with Principal Financial. Be aware that your annuity options will be the same across both providers.

If you have elected to take advantage to the SURS Lifetime Income Solution, you may proceed directly to the W-4P Form to determine your Federal Income Tax Withholding.

You may reach the providers at the following phone numbers:

SURS Defined Contribution Contact Center

For all defined contribution plan inquiries, including information relating to the plan recordkeeper, Voya Financial and SURS Lifetime Income Strategy.

800-613-9543

www.voya.com/surs

Principal

(provider of monthly annuities for Voya Financial)

Call SURS at 800-275-7877 to request an estimate.

For benefit inquiries after retirement call 800-247-7011.

TIAA

888-219-8310

www.tiaa.org/illinois