

APPLYING FOR RETIREMENT
under the
Retirement Savings Plan (RSP)



State Universities Retirement System of Illinois
Information and Applications

Revised April 2024
Printed by authority of the State Universities Retirement System Board of Trustees

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General Instructions

Follow the steps in this guide to receive SURS benefits.

Read all the information carefully.

Retirement Checklist

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

- Copy of your birth certificate
- Contact the Social Security Administration

By electing to take a partial or lump-sum distribution as your first type of distribution you will forfeit all rights to State Employee Group Insurance Program (SEGIP) or the College Insurance Program (CIP).

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 RSP Member Guide at www.surs.org/retirement-savings-plan.

Choosing a Distribution Option

Important Information

Optional Forms of Distribution

You may choose one of the following optional forms of payment:

Lump-Sum or Direct Rollover of a Lump Sum

You can receive your account balance in a lump sum or a partial distribution. However, if any portion of your account is invested in a deferred annuity contract that does not permit lump-sum distributions, or imposes a penalty for them, you may elect to receive the alternate distribution method selected by SURS and your annuity provider.

With the election of the lump-sum benefit or a partial distribution, you forfeit eligibility for any insurance coverage under either the State Employee Group Insurance Program or Illinois Group Health

Plan (if you have qualified service with a state agency), or the College Insurance Program (if you have qualified service with a community college).

The Internal Revenue Code requires that federal income tax be withheld from the taxable portion of your distribution. A mandatory 20 percent tax withholding is required for recipients who are subject to U.S. taxes unless the gross distribution is less than \$200. Distributions to non-resident aliens residing in foreign countries are subject to 30 percent tax withholding, unless a reduced withholding rate is claimed under a tax treaty on IRS Form W-8BEN. To withhold a higher tax rate, you must complete a W-4R Form. If a portion of your lump sum payment is being paid out as a required minimum distribution (RMD), the default withholding rate of 10% will be applied to the RMD portion. To withhold at a different rate, you must complete a W-4R tax withholding form and return it to SURS. If you elected an Individually Paid Lump-Sum Cash Distribution and are subject to an RMD, you may need to complete multiple W-4R forms. Tax forms are available at www.surs.org/forms.

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 distribution 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.

Contacting the Fund Providers

Voya Financial

800-613-9543

www.voya.com/surs

TIAA

888-219-8310

www.tiaa.org/illinois

Filing for Retirement

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.

If you have established at least one year of service credit with any of the other 12 reciprocal systems, it is necessary for you to 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).

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 and the Government Pension Offset under federal Social Security laws and regulations.

The Windfall Elimination Provision directly impacts potential Social Security benefits, and the Government Pension Offset affects widow or widowers benefits.

For more information on either the Windfall Elimination Provision or the Government Pension Offset, contact the Social Security Administration at 800-772-1213.

Employment After Retirement

If you return to work with an employer covered by SURS, there is no limitation on earnings. However, you will not be able to re-contribute.

If you are receiving an annuity from one of the other 12 reciprocal systems, please contact that system for their earnings limitation.

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.mwrd.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

Termination Date*

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.

Distribution Date*

You must terminate all SURS-covered employment before you can be eligible for a retirement benefit. Your application will be processed once SURS has received your application and the employer provided termination summary information.

*These cannot be the same date.

U.S. Tax Status

- 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.

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.

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. You may revoke your election at any time prior to your distribution begin date, provided SURS receives written notification. If you are married and elect the lump-sum retirement benefit, spousal consent is required. The spouse's consent must be notarized.

PART 4 – Direct Rollover of a Lump-Sum Distribution

If you wish to authorize a direct rollover of your eligible distribution, please provide financial institution information, including name, address, and account number. The previously taxed portion of your distribution, if any, is eligible for rollover to an eligible retirement plan that agrees to accept and account for previously taxed amounts. If you are electing to rollover your distribution to a Roth IRA it may be considered a taxable event when the payment is processed, but no federal income tax will be withheld from the payment. If you have further questions, please consult your tax advisor.

PART 5 – Spouse/Civil Union Partner Consent

PART 6 – Signature

Read the statements, then sign and date the application.

PART 7 – SURS use only.

- 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.



RETIREMENT ELIGIBLE APPLICATION Retirement Savings Plan (Lump Sum)

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 Address (physical location needed due to HIPAA Act)			Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Civil Union <input type="checkbox"/> Never married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
Mailing Address (can be a P.O. Box #)			Home Phone (include area code)
Date of Birth (M/D/Y)	Termination Date	Distribution or Annuity Date	Daytime Phone (include area code)
Your SURS-Covered Employer		Your Job Title	E-mail Address After Retirement
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)		
If you have not already sent a copy of your birth certificate to SURS, you must include it with this application.			

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 2 for address and phone.	

APPLICATION CONTINUES ON NEXT PAGE

PART 3 – Determination of Normal Form of Distribution

<p>If you are married, the normal form of distribution is a 50% Joint & Survivor Annuity. This provides monthly payments for life. After you die, your surviving spouse/civil union partner may be eligible to receive continued monthly payments for life.</p> <p><input type="checkbox"/> I Certify that I am Married as of the Date of My Retirement</p>	<p>If you are single, the normal form of distribution is a Single Life Annuity that provides monthly payments for life. This form of payment does not provide any survivor benefits.</p> <p><input type="checkbox"/> I Certify that I am Unmarried as of the Date of My Retirement</p>
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PART 4 – Election of Lump-Sum Distribution

Contact your fund provider(s), Page 2, to obtain an illustration of distribution options and amounts.

Note: Your election is irrevocable after the 90-day election period. Please choose **ONE** option.

Option 1 – Lump-Sum Distribution (will be sent to mailing address in Part 1)

TIAA

I request a distribution of 100% of my plan assets at TIAA

I request a distribution of the following plan assets at TIAA

100% Pre-tax 100% After-Tax 100% Roth

I request a distribution of the following plan assets at TIAA

Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number

Voya

I request a distribution of 100% of my account balance at Voya

I request a distribution of the following plan assets at Voya

100% Pre-tax 100% After-Tax 100% Roth

I request a distribution of the following plan assets at Voya

Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number

A mandatory 20% tax withholding may be deducted from the taxable portion of the distribution if you marked Box (1) or (2) under "Tax Status" unless the gross distribution is less than \$200. If you marked Box (3) under "Tax Status," then the distribution will be subject to 30% tax withholding, unless you claim a reduced rate of withholding under a tax treaty on IRS Form W-8BEN. To withhold a higher tax rate, you must complete a W-4R Form. If a portion of your lump-sum payment is being paid out as a required minimum distribution (RMD), the default withholding rate of 10% will be applied to the RMD portion. To withhold at a different rate, you must complete a W-4R tax withholding form and return it to SURS. If you elected an Individually Paid Lump-Sum Cash Distribution and are subject to an RMD, you may need to complete multiple W-4R forms. Tax forms are available at www.surs.org/forms

APPLICATION CONTINUES ON NEXT PAGE

Option 2 – Direct Rollover of Lump-Sum Distribution (provide the information below)

TIAA

- I request a distribution of 100% of my plan assets at TIAA
- I request a distribution of the following plan assets at TIAA
 - 100% Pre-tax 100% After-Tax 100% Roth
- I request a distribution of the following plan assets at TIAA

Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number

Voya

- I request a distribution of 100% of my account balance at Voya
- I request a distribution of the following plan assets at Voya
 - 100% Pre-tax 100% After-Tax 100% Roth
- I request a distribution of the following plan assets at Voya

Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number
Amount / Percentage	Fund Name / Number

If you wish to authorize a direct rollover of an eligible rollover distribution, complete this section. Failure to complete all information could delay the transaction. By directly rolling over your balance to another eligible retirement account, the amount directly rolled over will not be subject to any federal income tax withholding. Nor will it be taxable at this time, unless it is rolled over to a Roth IRA.

Name of Institution	Account Number
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Mailing Address

City/State/Zip Code

Check one: Traditional IRA Governmental 457(b) Plan 401(a) or 401(k) Plan
 403(b) Plan SIMPLE IRA (complete Simple IRA Certification at www.surs.org/forms)
 Roth IRA SEP IRA

Note: If you have reached the applicable Internal Revenue Service (IRS) required minimum distribution age, a minimum distribution must be paid to you as a lump sum prior to rolling over the balance of your account. Federal income tax will be withheld from the Minimum Required Distribution (MRD) at the rate required by law. Contact your fund provider to determine the amount of the Minimum Required Distribution. To adjust the rate of withholding on any RMD, you must complete a W-4R Form. Tax forms are available at www.surs.org/forms/.

PART 5 – Spouse/Civil Union Partner Consent

If you are married, and elected a lump-sum, your spouse/civil union partner must consent to this election.

If you are unmarried as of the date of your retirement, you do not need to complete this section.

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.

Signature of notary public _____

My commission expires _____

Notary Seal

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 I have several distribution options in the Retirement Savings Plan. I acknowledge that by taking a lump-sum distribution I am failing to comply with the minimum requirements to maintain eligibility for insurance benefits will make me ineligible for SEGIP or CIP coverage.
8. I understand that I was provided the option of obtaining estimates from TIAA (if applicable), Principal and Alliance Bernstein.

Written Signature _____ Date _____

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: _____