

MACOMB TOWNSHIP FIRE RETIREMENT SYSTEM

54111 Broughton Road
Macomb, Michigan 48042

MEMORANDUM

TO: RETIREMENT SYSTEM MEMBERS

**FROM: BOARD OF TRUSTEES OF THE MACOMB TOWNSHIP
FIRE RETIREMENT SYSTEM**

RE: SERVICE RETIREMENT PROCEDURES CHECKLIST

- ___1. If you are considering retirement, **you** are obligated to complete and forward an Application for Retirement (Form # 3) to (1) the **Board of Trustees of the Macomb Township Fire Retirement System ("Board of Trustees")** (c/o the Finance Department) and (2) your Department Head notifying them of your intention to retire. **You** must specify your intended retirement date which should be at least thirty (30) days, but not more than ninety (90) days, following the submission of your application.
- ___2. The **Finance Department** will calculate your anticipated service credit, current average final compensation and current accumulated contributions. Please note: This information is preliminary in nature and is subject to change upon your effective retirement date.
- ___3. The **Finance Department** will provide you with an Estimated Benefit Report (Form # 4), and an Election of Pension Form (Form # 5) for your review and consideration.
- ___4. Upon receipt of the estimated benefit report, **you** are required to elect a form of retirement (i.e., Regular, Option I or Option II). Please note the following:

Regular retirement. Form of benefit payable for the life of the member. If no other form of payment is elected and the member is married to the same spouse on the date of retirement and the date of death, 60% of the regular pension is continued throughout the lifetime of the surviving spouse.

Option I- 100% Survivor. The retiring member is paid a reduced pension for life. Upon his/her death, 100% of the reduced Option I pension is continued for the remainder of the nominated beneficiary's life. To be eligible, the beneficiary must have an insurable interest in the life of the member.

Option II- 50% Survivor. The retiring member is paid a reduced pension for life. Upon his/her death, 50% of the reduced Option II pension is continued for the remainder of the nominated beneficiary's life. To be eligible, the beneficiary must have an insurable interest in the life of the member.

You must notify the Board of Trustees of your election(s) prior to your effective retirement date.

- ___ 5. The **Board of Trustees** at its next regular meeting following receipt of your completed forms will take formal action to commence payment of retirement benefits and will submit a copy of the resolution to the Finance Department.
- ___ 6. The **Finance Department** will arrange a meeting with you to review health care, optical and life insurance options (Form # 6).
- ___ 7. After your effective retirement date, the **Finance Department** will process your final data.
- ___ 8. The **Finance Department** will compute and forward your final retirement data to the Board's actuary.
- ___ 10. The Board's **actuary** will complete and forward its final benefit report to the Board of Trustees (c/o the Finance Department).
- ___ 11. The **Finance Department** will process your pension checks on a monthly basis. You should anticipate that retirement system benefits and/or annuity withdrawal will begin approximately 30 to 60 days after your effective retirement date. You will receive any retroactive amounts with your first pension check.
- ___ 12. The Board of Trustees must be notified of any changes in your retirement status (i.e., death or divorce) and the Board of Trustees will notify the Finance Department of such changes.

Note: Compliance with the foregoing procedures and prompt submission of the required forms and information to the Board of Trustees will help facilitate the timely processing of your retirement. Questions regarding the foregoing procedures should be directed to your Board representative.

MACOMB TOWNSHIP FIRE RETIREMENT SYSTEM

NOMINATION OF BENEFICIARY FOR THE RETURN OF ACCUMULATED CONTRIBUTIONS

I hereby direct that if no survivor allowance is payable from the funds of the Retirement System on account of my death, the total amount of my accumulated contributions standing to my credit in the accumulated contribution account shall be paid as follows:

PRIMARY BENEFICIARY(IES) In the event of my death, distributions shall be paid to:

_____	_____	_____
Name	SS#	Date of Birth
_____	_____	_____
Address	Relationship	% of Distribution
_____	_____	_____
Name	SS#	Date of Birth
_____	_____	_____
Address	Relationship	% of Distribution
		TOTAL= 100%

SECONDARY BENEFICIARY(IES) If there are no surviving primary beneficiaries at the time of my death, distributions shall be paid to

_____	_____	_____
Name	SS#	Date of Birth
_____	_____	
Address	Relationship	

If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

This designation, effective on this _____ day of _____, 20____, shall revoke and cancel my previous nomination of beneficiaries and shall supersede all prior designations.

SIGNATURES:

Member Signature: _____

Witness Signature: _____

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____

**MACOMB TOWNSHIP FIRE RETIREMENT SYSTEM
RETIREMENT DATA SUBMITTED TO ACTUARY**

- Estimate
- Final
- Exclusion Ratio

Member's Name _____ Sex _____

Social Security Number _____ Date of Retirement _____

Member's Date of Birth _____

Beneficiary's Date of Birth _____ Sex _____

Relationship _____

Service Credit: _____ Average Final Compensation \$ _____

Actual _____ yrs. _____ mos. Accumulated Contributions \$ _____

Purchased _____ yrs. _____ mos. Contributions Required \$ _____

Total _____ yrs. _____ mos. Taxable Amount \$ _____

Type of Retirement:

_____ Service _____ Duty Disability _____ Non-Duty Disability

_____ Deferred _____ Duty Death _____ Non-Duty Death

_____ Date

_____ Secretary

ACTUARY REPORT

(a) .025 x \$	X	Years	\$
(b) .01 x \$	X	Years	\$
(c) (a) + (b)			

	REGULAR	OPTION I	OPTION II
ANNUAL PENSION	\$	\$	\$
MONTHLY PENSION			
POTENTIAL TO BENEFICIARY			

Transfers: from Reserve for Employees' Contributions \$ _____

from Reserve for Employer Contributions \$ _____

to Reserve for Retired Benefit Payments \$ _____

_____ Date

By: _____ Actuary

NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS

In the event of my death after retirement, I hereby direct the Retirement System, to pay the amount of any refund of accumulated contributions which might become payable in the event of my death (as provided by the provisions of the Retirement System) to:

Name SS# Date of Birth
Address Relationship

If the above beneficiary shall predecease me, distributions shall be paid to:

Name SS# Date of Birth
Address Relationship

If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

NOTE: Only complete the following section if an OPTION form of retirement allowance is elected.

Do not complete the following if a regular retirement allowance is selected.

THIS OPTION BENEFICIARY CANNOT BE CHANGED AFTER YOU START DRAWING YOUR PENSION

If I elected an option form of retirement as indicated above, my option beneficiary is:

Name SS# Date of Birth
Address Relationship

Dated this ___ day of ___, 20__.

Signature of Member Signature of Witness

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____

By: _____

MACOMB TOWNSHIP FIRE RETIREMENT SYSTEM

RETIREMENT EXIT INTERVIEW

EXIT INFORMATION

Date: _____

Member Name: _____

Department: _____

Social Security Number _____

Date of Birth: _____

Date of Hire: _____

Retirement Date: _____

Beneficiary: _____

Relationship of Beneficiary: _____

Beneficiary's Date of Birth: _____

Beneficiary's Social Security Number: _____

PLEASE PROVIDE A COPY OF EACH OF THE ITEMS LISTED BELOW AND CHECK THE APPROPRIATE BOX.

- MEMBER'S BIRTH CERTIFICATE
- BENEFICIARY'S BIRTH CERTIFICATE
- MARRIAGE LICENSE
- DOMESTIC RELATIONS ORDERS, IF ANY. (e.g., Judgement of Divorce, etc)

I, _____ certify that the attached copies are true.

1. TYPE OF RETIREMENT

- Service Retirement
- Deferred Vested Retirement

2. OPTION SELECTION

- Regular
- Option 1
- Option 2

3. HEALTH INSURANCE BENEFITS

- I have contacted the Human Resources Department
- I will contact the Human Resources Department

4. DENTAL INSURANCE BENEFITS

- I have contacted the Human Resources Department
- I will contact the Human Resources Department

I HEREBY CERTIFY THE FOLLOWING:

- 1. I have carefully read the above.
- 2. I understand the benefits and the options available.
- 3. I have had the opportunity to ask questions.
- 4. I understand changes will not be allowed after I cash my first pension check.
- 5. I (am) (am not) covered by a collective bargaining association.

Signature

Date

Print Name

Witness Signature

Date

Print Name

MACOMB TOWNSHIP FIRE RETIREMENT SYSTEM

**REQUEST FOR WITHDRAWAL OF EMPLOYEE CONTRIBUTIONS & INTEREST
FROM RETIREMENT SYSTEM AND DISTRIBUTION DESIGNATION**

Name _____

Address _____

Social Security Number _____

Date of request _____

To the Board of Trustees of the Macomb Township Fire Retirement System:

As a result of my separation from employment effective _____, I will be eligible on that date for the withdrawal of my accumulated contributions and interest standing to my credit in the Retirement System.

I understand that the withdrawal of my accumulated contributions will result in the forfeiture of my _____ years of credited service and that I will no longer have any rights to benefits from the Retirement System. This waiver of rights is done voluntarily and with full knowledge of its effect.

I understand that if I again become employed by the Township as a firefighter I will be required to repay to the Retirement System within 1 year of my re-employment with the Township, the total amount of my accumulated contributions previously withdrawn, together with interest as determined by the Board, compounded annually from the date of withdrawal to the date of repayment.

Pursuant to the provisions of the Retirement System, I hereby request a withdrawal from my account as follows:

_____ I request that full payment be made to me. I acknowledge that twenty percent (20%) of the taxable portion will be withheld in accordance with applicable Internal Revenue Code requirements and regulations. **(Note: The Pension System is not required to withhold tax on distributions less than \$200.00.)**

_____ I request that ALL of the taxable portion of the funds in my accumulated contribution account be forwarded to the plan listed herein as a direct rollover/direct transfer and the balance, consisting of employee contributions contributed on an after-tax basis (non-taxable amount), paid to me. I acknowledge that because of this direct rollover no portion will be withheld for Internal Revenue requirements.

_____ I request that a PORTION of the taxable portion of the funds in my accumulated contribution account totaling \$_____ be forwarded to the plan listed herein as a direct rollover/direct transfer, and the balance, consisting of (1) the taxable portion not rolled over and (2) the total amount of employee contributions contributed on an after-tax basis (non-taxable amount), paid to me. I acknowledge that any taxable portion not rolled over/transferred will be subject to the required 20% withholding. **(Note: The Pension System is not required to withhold tax on distributions less than \$200.00.)**

Name of Recipient Plan _____

Account No. _____

Address _____

City, State and Zip Code _____

Representatives of the above-named company have assured me that the direct rollover/transfer amount will be deposited in an eligible retirement plan including an individual retirement arrangement qualified under IRC section 408(a) or (b); a plan qualified under IRC section 401(a), including a 401(k) plan, profit-sharing plan, defined benefit plan, stock bonus plan, and money purchase plan; an IRC section 403(a) annuity plan; an IRC section 403(b) tax-sheltered annuity; and an eligible IRC section 457(b) plan maintained by a governmental employer.

I acknowledge receipt of a Special Tax Notice provided to me pursuant to Section 402 of the Internal Revenue Code. I understand that I have the right to a period of at least 30 days, after receipt of the Notice to consider the decision of whether or not to elect a direct rollover.

I acknowledge that the Retirement System will issue appropriate 1099R forms for the distribution of the funds from the Defined Benefit Plan.

I hereby release the Employer and the Board of Trustees of the Retirement System from any and all liability relative to the aforesaid amounts upon the forwarding of the amounts as directed by me. I have made appropriate arrangements with the aforementioned financial institution to accept the transferred amount as a direct rollover, permitted by the Internal Revenue Code and applicable regulations. I hereby waive any and all claims relative to the aforesaid amounts forwarded/transferred consistent with this document. I acknowledge that representatives of the Township and Retirement System do not give tax advice and that I will consult with a tax advisor of my choice.

Signature of Witness

Signature of Member

Address of Witness

Name of Member

For Retirement System use:

Annuity Reserve Account

Principal \$ _____
Interest \$ _____
Total \$ _____

Amounts and distribution

Calculated by: _____
Verified by: _____
Payment date: _____