

# Application for Normal/Early Service Retirement

In order to be eligible to retire with a **Normal Service** retirement:

1. You must be 55 years old with at least six years of service **or**
2. Have at least 25 years of service

To be eligible for **Early Service** retirement you must have at least 20 years of service.

To apply for retirement, please complete the enclosed form. **PLEASE TYPE OR PRINT.** It is important to complete all sections. Processing may be delayed if any item is missing or unclear.

You must send a copy of **your birth certificate, Real ID or valid US passport** along with the completed form. In addition, if you elect a Joint and Last Survivor Option you must also attach a copy of **your spouse's birth certificate or US passport** and a **copy of your marriage license or marriage certificate**. The Joint and Last Survivor Option allows your spouse to continue to receive a percentage of your benefit after your death.

If you elect this option, your benefit will be reduced based on the percentage you elect and the difference in age between you and your spouse. If your spouse pre-deceases you or in the event of divorce, your benefit will be increased to what it would have been if you had not elected this option.

Please have your **agency head or supervisor sign** the form.

Indicate any **deductions** that should be taken from your retirement check by completing the enclosed "Authorized Payroll Deductions" form. *Note: in order to sign up for health, dental or life insurance when you retire, you must have the benefits as an active employee.*

**Direct Deposit is mandatory** for new retirees. Complete the top part of the "Direct Deposit Authorization Agreement" and have your bank complete the bottom section.

Complete authorized payroll deductions .

Return all completed forms to the Fairfax County Retirement Systems at  
12015 Lee Jackson Memorial Highway, Suite 350, Fairfax VA 22033. For more information, consult  
the Retiree Handbook provided with this application or call  
703-279-8200 \* TTY: 711 \* 800-333-1633.

# Application for Normal/Early Service Retirement

Last Name:		First Name:	
*Birth certificate or proof of birth is required Date of Birth:		Social Security #:	
Address:		City:	State: Zip:
Email Address:		Work Phone #:	
Agency and Position:		Last day of employment:	
Dates of Employment:		Has employment been continuous? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, indicate break(s) in service:	
Spouse Name:		Spouse SSN:	Spouse DOB:
Primary Beneficiary Name(s) (if not spouse):		SSN:	DOB:
<p>I have been informed of the Joint &amp; Last Survivor Options available to me and have elected to take</p> <p>Please enclose copy of spouse's birth certificate and marriage license if Joint and Last Survivor Option has been elected.:</p> <p><input type="checkbox"/> No Option    <input type="checkbox"/> 50% Option    <input type="checkbox"/> 66<sup>2</sup>/<sub>3</sub>% Option    <input type="checkbox"/> 75% Option    <input type="checkbox"/> 100% Option</p>			
<p><b>Request for <input type="checkbox"/> Normal Service <input type="checkbox"/> Early Service Retirement:</b> – Under the provisions of the Fairfax County Uniformed Retirement System Ordinance, I hereby apply for the Service Retirement checked above. I certify that all information given in this application is true. <b>Proof of applicant's birth must be attached.</b></p> <p>Employee Signature: _____ Date: _____</p>			
<p><b>Supervisor acknowledgement MUST be received PRIOR to submission to the Retirement Systems. (Please keep a copy of this for your records.)</b></p> <p>Supervisor Signature: _____ Date: _____</p>			
<p>Retirement Systems Authorization: _____ Date: _____</p>			

# JOINT AND LAST SURVIVOR OPTIONS

Retiring members of the **Uniformed Retirement System** (Normal, Early Service, Deferred Vested, or any type of Disability) may elect a Joint and Last Survivor Option, which entitles the surviving spouse to receive all or a percentage (50%, 66<sup>2</sup>/<sub>3</sub>%, 75% or 100%) of their base retirement benefit (not including the Pre-62 supplement or the Pre-Social Security Benefit) after their death. If the Joint and Last Survivor Option is elected, the retiree's benefit will be reduced. The amount of reduction depends on the difference in age between the retiree and his or her spouse (see chart below). A partial year is not considered a difference in age.

If the spouse should pre-decease the retiree (or in the case of divorce where the benefit is extinguished), the retiree's benefit will be increased to what it would have been if no option had been elected.

## JOINT AND LAST SURVIVOR BENEFIT REDUCTION FACTORS

<u>Age of Spouse</u>	<u>100%</u>	<u>75%</u>	<u>66<sup>2</sup>/<sub>3</sub>%</u>	<u>50%</u>	<u>Age of Spouse</u>	<u>100%</u>	<u>75%</u>	<u>66<sup>2</sup>/<sub>3</sub>%</u>	<u>50%</u>
30 yrs younger	66.0%	72.0%	76.0%	81.0%	1 yr older	87.7%	90.6%	91.5%	93.8%
25 yrs younger	69.5%	75.0%	78.5%	83.0%	2 yrs older	88.4%	91.2%	92.0%	94.2%
20 yrs younger	73.0%	78.0%	81.0%	85.0%	3 yrs older	89.1%	91.8%	92.5%	94.6%
19 yrs younger	73.7%	78.6%	81.5%	85.4%	4 yrs older	89.8%	92.4%	93.0%	95.0%
18 yrs younger	74.4%	79.2%	82.0%	85.8%	5 yrs older	90.5%	93.0%	93.5%	95.4%
17 yrs younger	75.1%	79.8%	82.5%	86.2%	6 yrs older	91.2%	93.6%	94.0%	95.8%
16 yrs younger	75.8%	80.4%	83.0%	86.6%	7 yrs older	92.9%	94.2%	94.5%	96.2%
15 yrs younger	76.5%	81.0%	83.5%	87.0%	8 yrs older	93.6%	94.8%	95.0%	96.6%
14 yrs younger	77.2%	81.6%	84.0%	87.4%	9 yrs older	94.3%	95.4%	95.5%	97.0%
13 yrs younger	77.9%	82.2%	84.5%	87.8%	10 yrs older	95.0%	96.0%	96.0%	97.4%
12 yrs younger	78.6%	82.8%	85.0%	88.2%	11 yrs older	95.7%	96.6%	96.5%	97.8%
11 yrs younger	79.3%	83.4%	85.5%	88.6%	12 yrs older	96.0%	97.0%	97.0%	98.2%
10 yrs younger	80.0%	84.0%	86.0%	89.0%	13 yrs older	96.0%	97.0%	97.5%	98.6%
9 yrs younger	80.7%	84.6%	86.5%	89.4%	14 yrs older	96.0%	97.0%	98.0%	99.0%
8 yrs younger	81.4%	85.2%	87.0%	89.8%	15 yrs older	96.0%	97.0%	98.0%	
7 yrs younger	82.1%	85.8%	87.5%	90.2%	or more				
6 yrs younger	82.8%	86.4%	88.0%	90.6%					
5 yrs younger	83.5%	87.0%	88.5%	91.0%					
4 yrs younger	84.2%	87.6%	89.0%	91.4%					
3 yrs younger	84.9%	88.2%	89.5%	91.8%					
2 yrs younger	85.6%	88.8%	90.0%	92.2%					
1 yr younger	86.3%	89.4%	90.5%	92.6%					
SAME AGE	87.0%	90.0%	91.0%	93.0%					

**\*It is your obligation to notify the Retirement System's office in the event of your spouse's death.**

# Authorized Payroll Deductions

**Type of Request**

- ☐ New Request  
☐ Change to current tax withholding

**Type of Payment**

- ☐ Retiree  
☐ Survivor

**PART A: MEMBER INFORMATION**

Last Name:	First Name:	Middle Initial:	
Email:	Phone #:	SSN:	
Address:	City:	State:	Zip:

**PART B: FEDERAL INCOME TAX WITHHOLDING**

Choose one option below.

- #1 ☐ Do not withhold federal income tax from my monthly benefit. I understand I am liable for paying federal income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate. (If I am a U.S. Citizen or resident alien whose benefit payments are delivered outside of the U.S. or its possessions, I *must* have federal income tax withheld.)

- #2a ☐ Using the marital status and exemptions below, calculate my federal income tax withholding (if any) in accordance with the tax formula as published in IRS Publication 15.

Marital Status: ☐ Married ☐ Single ☐ Married at Single Rate Total Exemptions \_\_\_\_\_

#2b Additional amount, if any, in addition to amount calculated in 2a \$ \_\_\_\_\_

- #3 ☐ Flat amount \$ \_\_\_\_\_ OR ☐ Percent \_\_\_\_\_ %

**PART C: STATE OF VIRGINIA INCOME TAX WITHHOLDING**

Choose one option below. (You are not required to have Virginia state income tax withheld from your benefit if you do not reside in Virginia.)

- #1 ☐ Do not withhold state income tax from my monthly benefit. I understand I am liable for paying state income tax on the taxable portion of my benefit and I may be subject to tax penalties under the estimated tax payment rules if my payment(s) of estimated tax and withholding are not adequate.

- #2a ☐ Using the exemptions below, calculate my state income tax withholding (if any) in accordance with the tax formula as published in the Virginia Income Tax publication.

Personal Exemptions \_\_\_\_\_ Age and Blindness Exemptions \_\_\_\_\_ Total Exemptions \_\_\_\_\_

#2b Additional amount, if any, in addition to amount calculated in 2a \$ \_\_\_\_\_

- #3 ☐ Flat amount \$ \_\_\_\_\_ OR ☐ Percent \_\_\_\_\_ %

**PART D: MISCELLANEOUS DEDUCTIONS**

- ☐ IAFF Local 2068 \$11.00 Dues plus \$ \_\_\_\_\_ Other (PAC, etc) (\$11.00 minimum deduction per month)

Service-Connected Disability Retirees do not have taxes withheld from their retirement benefit checks.

Monthly credit union deductions are available by completing a secondary direct deposit form.

I hereby acknowledge receipt of the "Preparing for Retirement", "Preparing for Disability Retirement" or "DROP EXIT" Guide and I am aware of the provisions explained therein. I request for the above deductions to be taken from my monthly retirement benefit.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this form to:

## Direct Deposit Authorization Agreement

**INSTRUCTIONS:** Before you submit this application please have a representative of your banking institution **verify your account number and bank transit/ABA routing number** or attach a blank check marked "VOID". Completed forms should be mailed to the **Fairfax County Retirement Systems Office**, 12015 Lee Jackson Memorial Highway, Suite 350, Fairfax, VA 22033.

<b>Last Name:</b>	<b>First Name:</b>		<b>Middle Initial:</b>
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Social Security #:</b>	<b>Phone #:</b>		
<b>Type of Account:</b> <input type="checkbox"/> Checking <input type="checkbox"/> Savings			

I authorize the County of Fairfax, Virginia to initiate credit entries to my account indicated above in the depository named below. This includes my authorization to correct entries made in error.

Since there is a slight possibility that my account will not be credited in a timely manner, I understand that I must check with my depository to verify that my account has in fact been credited before engaging in any financial transaction that is dependent on the existence of the credit entry.

This authority is to remain in effect until the County of Fairfax has received written notification from me of its termination in such time and in such manner as to afford the County of Fairfax a reasonable opportunity to act on it. I also understand that should my bank change any of its account or routing numbers I will have to submit a new form with the updated information to the Retirement Systems so the correct account will continue to be credited.

***Benefit payments will be sent electronically to the account and routing number provided on the Direct Deposit Authorization. Please ensure accurate information is provided to ensure timely receipt of funds.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### To Be Verified By Banking Institution – OR attach a blank check marked "VOID"

This form must be signed by a bank representative before it can be processed **OR ATTACH A CHECK MARKED "VOID"**.

Name of Depository/Bank: \_\_\_\_\_

Address: \_\_\_\_\_

BK/TRANSIT/ABA Routing Number: \_\_\_\_\_ Account # \_\_\_\_\_

**Financial Institution Certification:** I confirm the transit/routing number and account number for the individual named above. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

Signature of Representative: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_