



MUNICIPAL EMPLOYEES' RETIREMENT SYSTEM OF MICHIGAN

APPLICATION FOR SERVICE RETIREMENT

RETURN TO: Municipal Employees' Retirement System of Michigan
 1134 Municipal Way
 Lansing, MI 48917
 Phone: (800) 767-2308 • Fax: (517) 703-9706

APPLICANT MUST ENCLOSE PROOF OF BIRTH DATE. READ INSTRUCTIONS ON PAGE 4 BEFORE COMPLETING.
PLEASE TYPE OR PRINT, AND RETURN COMPLETED APPLICATION TO ADDRESS ABOVE.

Name (Last, First, Middle)		Social Security No.*		Date of Birth (MM,DD,YYYY)
Street Address	City	State	Zip Code	Home Phone No. ()
Municipality Name	Municipality No.	Department	Benefit Coverage	Last Day Worked or Paid For (MM,DD,YYYY)

I am a member of the Municipal Employees' Retirement System and with this application apply for retirement from service. MERS will provide me with an estimate of benefits to be paid. At that time, I will indicate upon an Election of Retirement Option form furnished to me the manner in which I wish to receive my retirement allowance. **I understand that the effective date of my retirement shall be the later of: (1) the first day of the calendar month following the termination of my employment; or (2) the first day of the calendar month following the Retirement System's receipt of this application.**

Date: _____

Signature of Member

FOR MERS USE ONLY

Effective Date of Retirement: _____ Approved by Retirement Board: _____

* Protected information required for tax and actuarial purposes.

If you have speech or hearing difficulties and need assistance completing this form, contact the Michigan Relay Center at 1-800-649-3777. If you have other disabilities, contact MERS at 1-800-767-2308 to request special accommodations.