## THIS FORM MAY ONLY BE FILED 90 DAYS AFTER YOUR RETIREMENT DATE. IF IT IS FILED PRIOR TO THAT DATE, IT WILL NOT BE PROCESSED.

## SCAN AND EMAIL COMPLETED APPLICATION TO: retirementadvance@tre.state.ma.us OR MAIL TO: ONE WINTER ST., 8TH FLOOR, BOSTON, MA 02108 FAXED APPLICATIONS WILL NOT BE ACCEPTED

1. MEMBER INFORMATION (REQUIRED)

| Name: | Last 4 of SSN: | or MSRB ID \# (if known): |
| :--- | :--- | :--- |
| My effective retirement date is: |  | Date of Birth: |
| Present Address: |  | Personal E-Mail Address: |
| City: | State: | Zip: |
| Phone: |  |  |

## 2. TERMS AND CONDITIONS

## THE FOLLOWING ARE THE TERMS AND CONDITIONS FOR THE REQUEST OF AN ADVANCE BENEFIT

 PAYMENT:- Advances will not be available for members whose benefits are subject to Qualified Domestic Relations Orders (QDROs), support orders, or properly executed liens.
- The member has applied and been found eligible for benefits and all required documentation related to the retirement application has been received by the Board.
- This Retirement Advance Request Form must be completed and submitted to the Board.
- The member has no outstanding payments due to the MSRB or to their employing agency.
- Requests for an advance will be reviewed by Board staff who will determine the final amount of any advance benefit payment that is approved.
- Eligible members may only request one benefit advance.

I UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS OUTLINED ABOVE FOR THE APPLICATION FOR A BENEFIT ADVANCE. IF APPROVED, I AUTHORIZE THE MASSACHUSETTS STATE RETIREMENT BOARD ("BOARD") / OFFICE OF THE STATE TREASURER TO ISSUE AN ADVANCE PAYMENT IN AN AMOUNT TO BE DETERMINED BY THE BOARD.
3. MEMBER SIGNATURE (REQUIRED - FORM WILL NOT BE PROCESSED WITHOUT SIGNATURE)

SIGN HERE: $X$
MEMBER SIGNATURE
DATE
BELOW THIS LINE IS FOR BOARD USE ONLY

