

MSERS RETIREMENT ADVANCE REQUEST FORM

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

Name:	Last 4 of SSN:	or N	ISRB ID # (if known):
My effective retirement date is:		Date of Birt	:h:
Present Address:		Personal E-Mail Address:	
City:	State:	Zip:	
Phone:			
2. TERMS AND CONDITIONS			
THE FOLLOWING ARE THE TERM	IS AND CONDITIONS	FOR THE REQUE	ST OF AN ADVANCE BENEFIT
PAYMENT:			
 Advances will not be available Relations Orders (QDROs), supp 			o Qualified Domestic
 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 Reque	st Form must be comp	leted and submitted	d to the Board.
 The member has no outstanding payments due to the MSRB or to their employing agency. 			
 Requests for an advance will be advance benefit payment that is 		ff who will determin	ne the final amount of any
Eligible members may only requ	iest one benefit advanc	ce.	
I UNDERSTAND AND AGREE TO TION FOR A BENEFIT ADVANCE. MENT BOARD ("BOARD") / OFF AMOUNT TO BE DETERMINED E	IF APPROVED, I AU	THORIZE THE MA	
3. MEMBER SIGNATURE (REQUI	RED - FORM WILL NO	OT BE PROCESSED	WITHOUT SIGNATURE)
SIGN HERE: X			
MEMBER SIGNATURE			DATE
ВІ	ELOW THIS LINE IS FO	OR BOARD USE O	NLY
MSRB AUTHORIZED SI	GNATORY	ADVANCE AMOUNT	DATE