



THE COMMONWEALTH OF MASSACHUSETTS State Board of Retirement

ONE WINTER STREET, 8TH FLOOR, BOSTON, MA 02108

JUDICIAL RETIREMENT APPLICATION

APPLICATION PROCESS

To be completed only if applying for retirement benefits based exclusively on judicial service. If you are actively employed or on a leave of absence you may file your application to retire up to 120 days before you plan to retire. If you file more than sixty (60) days after your last day on the payroll, your benefits **will not be retroactive** to your last day on the payroll and your effective date of retirement will be 15 days from receipt of your application.

The State Retirement Board strongly recommends that you plan your retirement and **file at least 30 to 60 days in advance** of leaving your position. **Once your effective date of retirement has passed you cannot change your retirement option nor can you change your date of retirement.**

COUNSELING

Additional information on the retirement process is available on our website, www.mass.gov/retirement.

If you are interested in individual counseling, walk-in counseling service is available between the hours of 10:00 a.m. and 3:00 p.m., Monday through Friday at either of our offices:

Boston

One Winter Street, 8th Floor, Boston, MA 02108
7:45 a.m. to 5:00 p.m., Monday through Friday.
Phone: 617-367-7770 or 1-800-392-6014 (Mass only)
Fax: 617-723-1438

Springfield

436 Dwight Street, Room 109A, Springfield, MA 01103
8:00 a.m. to 5:00 p.m., Monday through Friday
Phone: 413-730-6135
Fax: 413-730-6139

APPLICATION PROCESS CHECKLIST

When filing to retire, please include the following documents:

- Fully completed application** (pages 1-2)
- W-4P Federal Tax Withholding Form** (page 3) indicating withholding amount for federal income purposes
- Completed Option Selection Form** (pages 5-6)
- Authorization for Direct Deposit** of Retirement Benefit (page 7)
Direct Deposit is mandatory for all retirees.
- Proof of Birth Required** a copy of your birth certificate or passport is acceptable
- If you are selecting Option C, please include a **copy of your beneficiary's birth certificate, and a copy of the marriage license** if the beneficiary is your spouse. If the beneficiary is a former spouse, the spouse must be unmarried as of the date of retirement.
- Signature is required on each of the following pages:** Page 1 (Retirement Application), Page 3 (W-4P Form), Page 5 (Option Selection Form), and Page 7 (Direct Deposit Form). Applications with missing signatures cannot be processed. A **witness signature is required** on Page 5 (Option Selection Form) in addition to your signature. Look for the "**X**" throughout the application package.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION:

THE RETIREMENT APPLICATION, pages 1 - 2

Make sure you complete all sections of the application. Signature is required at the bottom of page 2.

- Section 1 - Don't forget to write down your requested retirement date!
- Section 2 - Let us know how to contact you. Please provide an email address that you will have access to after your retirement.
- Section 3 - Leave blank if you are not married.
- Section 4 - **Don't forget to sign.** Applications missing all required signatures will not be processed.
- Section 5 - List all the jobs you have had for a city, town, county, or state **in Massachusetts.**
- Section 6 - Answer questions a-f by checking appropriate boxes.

THE W-4P TAX FORM, page 3

If this form is not completed and submitted, the federal income tax withholding will be calculated as if you are married with three exemptions. **Your signature is required on the W-4P Tax Form.**

THE OPTION SELECTION FORM, pages 5 - 6

Please choose only one option. If this form is not submitted, the Board will automatically retire you under Option B.

- **Section 1 - Option Selection.** Check only one box: A, B, or C. If you choose Option C, complete the beneficiary information in the space provided on page 5. You can only choose one option C beneficiary and that person can only be your spouse, under §65 A, B, or D,. Under §65 H, your spouse, an unmarried former spouse, a child, a sister or brother, or one of your parents may be chosen. You cannot change your option C beneficiary after retirement.
- **Section 2 - Member Signature.** The Option Selection Form will not be processed without your signature. Enter your option selection and sign in the space provided.
- **Section 3 - Witness Signature.** The Option Selection Form will not be processed without a witness signature. If you are married, your witness must be your spouse. If you are not married, your witness cannot be someone listed on your form as a beneficiary.
- **Section 4 - Option B Beneficiary Information.** This space on page 6 is provided for members who select Option B. *Skip this section if you have selected Option A or Option C.*

THE DIRECT DEPOSIT FORM, page 7

Direct deposit is required. Please provide us with your bank information. Failure to provide us with this information will delay the processing of your application. **Make sure you sign the Direct Deposit form.**

JUDICIAL RETIREMENT BENEFITS

Retirement benefits for Commonwealth judges are administered by the Massachusetts State Retirement Board (“MSRB”) as part of the Massachusetts State Employees’ Retirement System (“MSERS”). Judicial retirement benefits are set forth specifically under G.L. c.32, §§65A-65J and are separate from the general retirement provisions of G.L. c.32 that apply to members of a contributory retirement system.

Currently, all judges are required to retire at age 70. Massachusetts Constitution, Part II, c. 3, art. 1, as amended by art. 98 of the Amendments. A judge appointed on or after January 2, 1975, must meet one of the following age and service requirements to receive a retirement benefit:

1. At age 70, a judge with ten or more years of continuous judicial service can retire with the maximum benefit allowable based on the salary in effect at the date of retirement. As is discussed further below a reduced survivor benefit is also available as an alternative. G.L. c. 32, §65D(d). Under the maximum benefit a judge receives 75 percent of the salary in effect at date of retirement. G.L. c. 32, §65D(c).
2. At age 70, a judge retiring with less than ten years of continuous judicial service will receive the maximum pension based on the salary in effect at the date of retirement less 10 percent for each year short of ten years of service. For example, if a judge has eight years of service upon retirement at age 70, the judge will receive a pension equal to 60 percent of salary at time of retirement (80 percent of the 75 percent) under Option A. G.L. c. 32, § 65D(d).
3. At age 65, a judge with fifteen or more years of continuous judicial service can retire with the maximum retirement benefit available.

EARLY RETIREMENT

Under the so-called early retirement statute, a judge with at least ten years of continuous judicial service and who is at least 55 years of age may receive a retirement benefit. G.L. c.32, §65H. The benefit the judge receives is calculated using the following formula: (1) the salary of the judge at the time of retirement; (2) multiplied by the number of years and months in continuous service as a judge; and (3) further multiplied by the percent allowable based on age at the date of retirement as shown on the following statutory table:

PERCENT	AGE AT RETIREMENT
5.0	65 OR OLDER
4.5	64
4.0	63
3.5	62
3.0	61
2.5	60
2.3	59
2.1	58
1.9	57
1.7	56
1.5	55

A judge having the necessary age and continuous years of judicial service is entitled to a maximum benefit ranging from a high of 75 percent of salary to a low of 15 percent of salary. G.L. c.32, §65H.

RELATED PROVISIONS

If a judge under the age of seventy without ten continuous years of judicial service resigns from the bench, the judge will only be entitled to a refund of his or her pension contribution plus interest and payment for any unused vacation days. However, if the judge at the time of resignation has non-judicial Massachusetts creditable service on account with a retirement system, the judge may add the years of judicial service to the years of non-judicial service and, if other requirements are met, may qualify for a non-judicial retirement benefit, calculated under the provisions of c.32, §§1-28. G.L. c. 32, §65D(f).

DEFERRED RETIREMENT

A judge who chooses to step down before the mandatory age with at least ten years of judicial service, or who is eligible to retire but for less than the maximum pension due to age and/or continuous years of judicial service and who resigns may defer the start of the judge's retirement benefit until the judge reaches the age of his / her choosing.

RETIREMENT BENEFITS BASED ON NON-JUDICIAL SERVICE

A judge who worked for the Commonwealth of Massachusetts, a county, municipal or quasi-governmental agency and was vested for a non-judicial retirement benefit prior to becoming a judge or, becomes vested in a non-judicial retirement benefit after stepping down as a judge, may be eligible for the receipt of a separate retirement benefit from the applicable retirement system.



1. MEMBER INFORMATION (required)

I respectfully request retirement under the provisions of Section 65A, B, D, or H of Massachusetts General Laws Chapter 32.

Name: _____ SS#: _____

I wish to retire on: (MM/DD/YYYY) _____ with _____ years and _____ months of service

All Former Names: _____

Date of Birth: (Proof of Birth Required) _____

Marital Status: Single Married Divorced Gender: M F

Current or Last Place of State Employment: _____

Position/Title: _____

2. CONTACT INFORMATION (required)

E- Mail Address: _____

Present Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Address after Retirement (If Different): _____

City: _____ State: _____ Zip: _____

3. SPOUSE INFORMATION (If Applicable)

Spouse's Name: _____

Spouse's Address (If Different): _____

City: _____ State: _____ Zip: _____

4. MEMBER SIGNATURE (required - application will NOT be processed without signature)

- All statements on this application are true statements made under the penalties of perjury.
- I understand that **no changes can be made to my retirement** or to my option selection after my retirement date.
- I understand that there are three (3) retirement OPTIONS - A, B, or C - and that if I do not choose an option by completing the Option Selection Form on page 5, I will be automatically retired under OPTION B.

Sign Here: **X** _____

Member Signature

_____ Date

THIS SECTION BOARD USE ONLY



Member Name:

SS#:

5-a. LIST ALL JUDICIAL SERVICE (required*)

Court:	Start Date:	Date Service Ended:

***use additional sheet if necessary**

5-b. LIST ALL NON-JUDICIAL PUBLIC SERVICE (if applicable*)

Department or Subdivision:	Start Date:	Date Service Ended:

***use additional sheet if necessary**

6. MEMBER QUESTIONNAIRE (required)

a. Have you ever been convicted of an offense involving the funds or property of your place of employment? No Yes

b. Have you ever been convicted of an offense involving your position while in state service? No Yes

If yes to either of the above, please describe the offense(s): _____

c. Have you ever taken a refund of retirement contributions? No Yes

d. Have you ever been on industrial accident leave? No Yes If yes, what years? _____

e. If divorced, are you a party to a Domestic Relations Order? No Yes Don't Know
(If Yes, please include a copy of your Domestic Relations Order)





If a W-4P federal income tax withholding statement is not filed, federal income tax withholding will be calculated as if you are married with three (3) exemptions.

MEMBER INFORMATION (required)

Print Name

Social Security Number

Address/City/Town/State/Zip

PLEASE CHECK BOX 1, 2, OR 3 AND COMPLETE CORRESPONDING INFORMATION: (required)

1

I do not wish to have federal tax withheld from my benefit. I realize that I am liable for payment of federal income tax on the taxable portion of my pension and that I may be subject to pay penalties under the estimated tax payment rules if my payments of estimated tax and withholding are not adequate.

2

The following exemptions are being claimed and I wish to have the Plan Administrator determine the amount, if any, of federal income tax to be withheld in accordance with the tax tables and exemptions claimed below.

A) Marital Status:

Single

Married

Married, but withhold at higher single rate _____

B) Total exemption you wish to claim: _____

C) In addition to the above amount withhold an additional \$ _____ per month.

3

I wish to have a flat rate of \$ _____ per month withheld.

SIGNATURE: (required)

X

Member Signature

Date

THIS SECTION BOARD USE ONLY



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MEMBER NAME: _____

SSN: _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and check box A, B, or C.

A Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in §65 A, B, or D or §12, subsection 2 of Chapter 32. If choosing A, **please complete sections 2 and 3 on this page. Do not complete section 4.**

B Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH (Retirements under §65 H)

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, **please complete sections 2, 3, and 4 (beneficiary information on following page).**

C Option C - JOINT SURVIVOR ALLOWANCE

If retiring under §65 H, I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If retiring under §65 A, B, or D of Chapter 32, I understand my beneficiary must be my spouse. If choosing C, **please complete beneficiary information below and sections 2 and 3. Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selection Option B. **A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license** is required if Option C is selected and must be included with this application.

Option C Beneficiary: _____ SSN _____

(Please print)

Gender: M F Date of Birth: _____ Relationship to Member: _____

Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
(enter option selection: A, B, or C)

Member Signature: **X** _____ Date: _____

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: **X** _____ Date: _____

Print Name: _____

Address: _____

Please complete section 4 on following page only if selecting Option B.



THIS SECTION BOARD USE ONLY

► Complete this section if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:.* <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
ii.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:.* <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iii.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:.* <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
iv.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:.* <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
v.	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion:.* <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:

***The total of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.**

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

By selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death.

There are no survivor benefits.

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. Under § 65 A, B, or D, an eligible beneficiary may only be my spouse, and must be married to me at the time of my retirement. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate.



SECTION A (required)

Name:		
Address:		
City:	State:	Zip:
Phone:	Email:	
SS#	Member ID (if known):	

SECTION B (required)

Name of Financial Institution:									
All Names on Account:									
Routing #:									
Depositor Account #:									
Please Check Appropriate Box: <input type="checkbox"/> Savings Account <input type="checkbox"/> Checking Account, voided check attached									
Are you receiving direct deposit in this account as an active employee of the Commonwealth? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A									
PLEASE INCLUDE A VOIDED CHECK IF BEING DEPOSITED INTO A CHECKING ACCOUNT									
<input type="checkbox"/>	Check box if any of the above direct deposit will go directly to a foreign bank or if the entire amount is forwarded from a domestic bank to a foreign bank.								

PLEASE SIGN BELOW (required)

"I, _____ hereby authorize the State Treasurer to deposit my retirement benefit into my account at the financial institution named above. The State Treasurer is also authorized to debit or credit my account, to adjust any over deposit which it has caused to be made to my account. This authorization will remain in effect until revoked by me with thirty (30) days written notice to the Treasurer and Receiver General, One Winter Street, 8th Floor, Boston, MA 02108, or by the State Treasurer.

I certify that I am the person entitled to receive the payment under this application. I also certify that the information herein provided is accurate to the best of my knowledge."

X _____

Signature Date

THIS SECTION BOARD USE ONLY

Direct Deposit is mandatory for all members retiring after January 1, 2010.
Statements can be viewed online at mass.gov/payinfo
If sending voided check, please do not staple to this form.



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