



# APPLICATION FOR RETIREMENT

I, \_\_\_\_\_, whose LAGERS number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_, hereby certify  
PRINT FULL NAME

I am a member of the Missouri Local Government Employees Retirement System (LAGERS), employed by  
\_\_\_\_\_, and do hereby make application for retirement pursuant to the section of the  
NAME OF POLITICAL SUBDIVISION

Missouri Local Government Employees Retirement System law indicated below:

- |  |   |
|--|---|
| <input type="checkbox"/> Normal Retirement<br>General Age 60, Police/Fire Age 55<br>Rule of 80 Eligibility | <input type="checkbox"/> Deferred Retirement            |
| <input type="checkbox"/> Early Retirement<br>General Age 55, Police/Fire Age 50                            | <input type="checkbox"/> Duty Disability Retirement     |
|  | <input type="checkbox"/> Non-Duty Disability Retirement |

**IMPORTANT:** The effective date of retirement cannot be less than 30 days, nor more than 90 days from date application is received by LAGERS. All retirements are effective the first day of the month.

I desire my retirement to be effective the 1<sup>st</sup> day of \_\_\_\_\_, \_\_\_\_\_.  
MONTH YEAR

I will terminate on \_\_\_\_\_ with last wages appearing on the \_\_\_\_\_ employer statement.  
MONTH/DAY/YEAR MONTH/YEAR

For purposes of computing payment option amounts, my spouse or beneficiary is:

Name \_\_\_\_\_ Social Security # (of beneficiary) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Relationship to me \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH/DAY/YEAR

Date of Marriage (if applicable) \_\_\_\_\_  
MONTH/DAY/YEAR

If the beneficiary is not a spouse, please answer the following questions:

Does beneficiary receive support from you? \_\_\_ Yes \_\_\_ No; If "Yes", for how long immediately preceding your retirement date? \_\_\_ Years \_\_\_ Months; To what extent? \_\_\_ More than 1/2 \_\_\_ Less than 1/2

Upon receipt of further information concerning the amounts payable to me under optional forms of payment, I will elect before the effective date of my retirement, on a form LAGERS will furnish, the optional form of payment under which my allowance will be paid.

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
MAILING ADDRESS

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

( ) \_\_\_\_\_  
PHONE NUMBER

\_\_\_\_\_  
DATE

**\*\* PLEASE SUBMIT A COPY OF BIRTH CERTIFICATE WITH APPLICATION.**