



APPLICATION FOR RETIREMENT

You may apply for retirement online using myLAGERS instead of using this form.
Visit www.molagers.org to apply online.

PERSONAL INFORMATION (PLEASE PRINT)												
Name	First	Middle	Last	Social Security Number				-		-		
Mailing Address			Street	Phone								
City	State		Zip	E-mail Address								
LAGERS employer(s) you wish to begin drawing a benefit from:												

RETIREMENT INFORMATION (PLEASE PRINT)	
I hereby make application for retirement pursuant to the section of the Missouri Local Government Employees Retirement System law indicated below:	
Normal Retirement General Age 60, Police/Fire Age 55 Rule of 80 Eligibility <input type="checkbox"/>	Duty Disability Retirement <input type="checkbox"/>
Early Retirement General Age 55 Police/Fire Age 50 <input type="checkbox"/>	Non-Duty Disability Retirement <input type="checkbox"/>
Deferred Retirement <input type="checkbox"/>	

IMPORTANT: THE EFFECTIVE DATE OF RETIREMENT CANNOT BE LESS THAN 30 DAYS, NOR MORE THAN 90 DAYS FROM THE DATE THE APPLICATION IS RECEIVED BY LAGERS. ALL RETIREMENTS ARE EFFECTIVE THE FIRST DAY OF THE MONTH.

Retirement Effective Date Month / Day / Year Last Day of Employment Month / Day / Year

FOR PURPOSES OF COMPUTING PAYMENT OPTIONS, PLEASE COMPLETE THE FOLLOWING:				Are you married?	
Beneficiary Name		Relationship to You	Social Security Number	Yes	No
Gender	M <input type="checkbox"/> F <input type="checkbox"/>	Birth Date	Month / Day / Year	Date of Marriage (if applicable) Month / Day / Year	

If your beneficiary is NOT your spouse or if you have been married less than two years, please answer the following questions:

Does your beneficiary receive more than half support from you?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, have you been providing this support for at least the last two years immediately preceding your retirement date?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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PLEASE SUBMIT A COPY OF YOUR BIRTH CERTIFICATE WITH THIS APPLICATION.

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	Date
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