



### APPLICATION FOR RETIREMENT

You may apply for retirement online using myLAGERS instead of using this form.  
Visit [www.molagers.org](http://www.molagers.org) to apply online.

PERSONAL INFORMATION (PLEASE PRINT OR TYPE)										
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 OR TYPE)	
I hereby make application for retirement with the Missouri Local Government Employees Retirement System as indicated below:	
<b>Normal Retirement</b> General Age 60 / Police, Fire, Covered Public Safety Age 55 Rule of 80 Eligibility <input type="checkbox"/>	<b>DISABILITY RETIREMENT</b> Totally, permanently incapacitated for your duty as an employee in your current LAGERS-covered position. <input type="checkbox"/>
<b>Early Retirement</b> General Age 55 Police, Fire, Covered Public Safety Age 50 <input type="checkbox"/>	<b>Duty Disability Retirement</b> Disability is natural and proximate result of an injury or disease caused by your performance as an employee. <input type="checkbox"/>
<b>Deferred Retirement</b> Vested, but left LAGERS employment before retirement age <input type="checkbox"/>	<b>Non-Duty Disability Retirement</b> Must be vested and totally, permanently incapacitated for your duty as an employee. <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
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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, PASSPORT, OR DD-214 WITH THIS APPLICATION.**

Upon filing this application, LAGERS will contact your employer to verify your service and wages which will be used to calculate your benefit. LAGERS will then prepare a retirement packet which will include an election form you will use to choose your lifetime retirement payment option. To expedite the process and avoid delays with mail delivery, LAGERS can email your retirement packet via secure, encrypted email. If your packet is emailed, you must print it to complete it.

**Please select one. I would like my retirement packet delivered to me via:**

- Secure, encrypted e-mail**       **US Postal Service**

Signature of Member	Date
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