



Missouri Local Government Employees Retirement System
P.O. Box 1665, Jefferson City, MO 65102
P: 1-800-447-4334 E: retirement@molagers.org

LRS-8
Rev 12-2024

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 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:													
RETIREMENT													
Normal Retirement General Age 60/ Police, Fire, Covered Public Safety Age 55 Rule of 80 Eligibility				<input type="checkbox"/>				Early Retirement General Age 55 Police, Fire, Covered Public Safety Age 50				<input type="checkbox"/>	
DISABILITY RETIREMENT													
Totally, permanently incapacitated for your duty as an employee in your current LAGERS-covered position.													
Duty Disability Retirement Disability is natural and proximate result of an injury or disease caused by your performance as an employee.				<input type="checkbox"/>				Non-Duty Disability Retirement Must be vested and totally, permanently incapacitated for your duty as an employee.				<input type="checkbox"/>	
IMPORTANT: THE EFFECTIVE DATE FOR NORMAL OR EARLY 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 <input type="checkbox"/> No <input type="checkbox"/>	
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 <u>NOT</u> 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"/>			
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: <input type="checkbox"/> Secure, encrypted e-mail <input type="checkbox"/> US Postal Service													
Signature of Member										Date			