

ADAMS COUNTY BOARD OF RETIREMENT
4430 SOUTH ADAMS COUNTY PARKWAY
SUITE C3406
BRIGHTON, CO 80601-8202
Phone No. (720) 523-6167 Fax (720) 523-6322
Website www.acretirement.org

**ADAMS COUNTY RETIREMENT PLAN
ENROLLMENT FORM**

Part I – Your General Information (please print entire form)

Name _____ Date of Birth _____
Last First Middle

Home Mailing Address _____
Street/P.O. Box/Route City/State Zip Code

Sex: M F SSN _____ Marital Status: Married Partner Single
in a civil union

Home/Cell Phone _____ Work Phone _____

Date of Hire _____ Dept. _____

1. The beneficiary(ies) you designate on this form will be entitled to the death benefit payable from the Adams County Retirement Plan ("Plan") unless you have elected a form of payment of your benefit and designated a beneficiary(ies).
2. If you are married and you designate a person **other than your spouse as sole primary beneficiary**, in order for that designation to be valid, your spouse must consent in writing as required in Part VI of this form.
3. You may change your beneficiary designations (with appropriate spousal consent) before you retire by completing a Beneficiary Change Form and returning it to the Plan Executive Director.
4. Types of Beneficiaries
 - A. **Primary Beneficiary** – Person(s) to receive the death benefit payable upon the member's death.
 - B. **Contingent Beneficiary** – Person(s) to receive the death benefit payable upon the member's death *if the primary beneficiary(ies) dies before the member*.
5. If you name **multiple** primary or contingent beneficiaries, the proceeds will be split equally among your primary beneficiaries who survive you, unless you instruct otherwise on this form.
6. If your **primary** beneficiary(ies) dies before you and you have not named a contingent beneficiary, the proceeds will be paid to your estate.
7. If you name a minor child (under age 18) as beneficiary, complete the box at the end of Part II for Custodian under the Uniform Transfers to Minors Act. A benefit CANNOT be paid directly to a child under the age of 18, but must be paid to a court appointed conservator or a Custodian for the child's benefit until age 21. If your beneficiary is under age 21, but at least 18, the benefit may be paid to the beneficiary if no conservator or Custodian is named but you may still name a Custodian if you prefer that to an outright distribution. The Custodian is required to transfer funds under the Custodian's control to the child when the child turns 21. If, by the time for distribution, the beneficiary reaches age 18 (or 21, if you indicate that you want a Custodian to that age), the distribution will be made to the beneficiary rather than the Custodian.
8. If you have a will that creates a trust, and you want that trust to be the beneficiary, enter "Trust under Will" in the box for the "First Name" for the Primary Beneficiary in Part II. If your will creates more than one trust, identify the trust to which the benefit should be paid.
9. If you have created a trust during your lifetime (not under your will), and you want the trust to be the beneficiary, enter the name of the trust in the box for the "First Name" for the Primary Beneficiary in Part II. Enter the name of the current trustee in the box for "Last Name". Enter the current trustee's

mailing address, and then enter the date the trust was created under "Date of Birth". If the Trust has a tax identification number, enter it in the box for "Social Security Number".

10. If you name your estate as beneficiary, the personal representative, an administrator or an executor must be appointed before the benefit can be paid. If you choose to name your estate enter "My Estate" in the box for the "First Name" for the Primary Beneficiary in Part II.

Part II – Beneficiary Designation. If your Beneficiary is under age 18 or if you want a Custodian for a child age 18-21, complete the Beneficiary Information and the Custodian Information below.

Primary Beneficiary Information				
First Name	M.I.	Last Name		
Mailing Address				
Street/P.O. Box/Route	City	State	Zip Code	Benefit %
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				
First Name	M.I.	Last Name		
Mailing Address				
Street/P.O. Box/Route	City	State	Zip Code	Benefit %
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				
First Name	M.I.	Last Name		
Mailing Address				
Street/P.O. Box/Route	City	State	Zip Code	Benefit %
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				

Contingent Beneficiary Information				
First Name	M.I.	Last Name		
Mailing Address				
Street/P.O. Box/Route	City	State	Zip Code	Benefit %
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				
First Name	M.I.	Last Name		
Mailing Address				
Street/P.O. Box/Route	City	State	Zip Code	Benefit %
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Relationship to member <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				

First Name		M.I.	Last Name	
Mailing Address				
Street/P.O. Box/Route		City	State	Zip Code
Date of Birth	Social Security Number		Male <input type="checkbox"/>	Female <input type="checkbox"/>
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				

Custodian Information for Beneficiary currently under age 18 or, if desired, under age 21.				
First Name		M.I.	Last Name	
Mailing Address				
Street/P.O. Box/Route		City	State	Zip Code
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Partner in a Civil Union <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:				
<input type="checkbox"/>	Pay the Beneficiary directly if at least age 21 when the Plan distributes the benefit		<input type="checkbox"/>	Pay the Beneficiary directly if at least age 18 when the Plan distributes the benefit

Part III – Previous Employment

1. Do you have previous employment with Adams County the Rangeview Library District (“Library District”)? Yes No

If “No,” skip to Part IV. If “Yes,” complete Item 2.

2. Has all or a portion of your retirement benefit and/or death benefit from the Plan been assigned to a current or former spouse or partner in a civil union through a domestic relations order or a final property division order? Yes No

If “Yes,” you will need to complete and return a Supplemental Information Form.

3. Are you hired or rehired within two years of your termination date? Yes No

- If you are a rehired retiree, you should answer “no.”

As a rehired employee (other than a rehired retiree), you may restore your prior service if you received a refund of your contribution accumulation and you are rehired within two years after your termination date. You may restore your prior service by paying the amount you received from the retirement fund for this prior service. The amount must be paid **within 60 days** after your rehire date and include interest from the date you received your distribution to the date you repay the retirement fund.

If “No,” skip to Part IV. If Yes,” complete Item 4.

4. Did you receive a distribution from the Plan upon your termination of employment with Adams County or the Library District? Yes No

If “No,” skip to Part IV. If “Yes,” complete Item 5.

5. Do you want to restore your prior service? Yes No

If yes, please notify the Plan Executive Director immediately due to the **60-day repayment deadline**. The Executive Director will determine the amount you must repay to the retirement fund. You may repay this amount in cash, by a trustee-to-trustee transfer of non-Roth funds from a Code Section 403(b) annuity or a governmental Code Section 457(b) plan (if the Section 457(b) funds are not after-tax funds), or by any combination of these methods. You will need to complete a Trustee-to-Trustee Transfer Form to effect a transfer, which form must be submitted to the Plan with sufficient time to satisfy the **60-day repayment deadline**.

Part IV– Lawful Presence Affidavit

I swear or affirm, under penalty of perjury under the laws of the State of Colorado, that (check one):

I am a United States citizen;

I am a legal permanent resident of the United States*; or

I am otherwise lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by Colorado law because I have applied for a public benefit. I understand that Colorado law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit.

I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statutes § 18-8-503, and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

PLEASE PROVIDE A COPY OF ONE OF THE FOLLOWING:

a valid Colorado driver's license or a Colorado identification card, issued pursuant to Article 2 of Title 42, C.R.S., unless the applicant holds a license or card that states, "Not Valid for Federal Identification, Voting, or Public Benefit Purposes"

any unexpired out of state driver's license or ID card with Enhancement indicator

United States Military Card

United States Military Dependent's Card

United States Coast Guard Merchant Mariner Card

Native American Tribal Document

If you do not have any of the above forms of identification, please contact the Plan Executive Director for information regarding additional forms of identification that are acceptable.

* If Affiant affirms that he/she is either a Permanent Resident or otherwise lawfully present in the United States, the Executive Director should contact Human Resources to determine if lawful presence has been verified through the S.A.V.E. Program.

Part V – Acknowledgement and Authorization

I understand that:

1. Participation in the Plan is a condition of my covered employment, and my membership becomes effective on the first day of my covered employment.
2. My contribution is a fixed percentage of my monthly salary as prescribed by the Plan.
3. I have read and understand this Enrollment Form. I authorize and direct the Plan Executive Director to act in accordance with my instructions as indicated above. I agree to release, discharge and indemnify the Plan, Retirement Board, Adams County, and the Rangeview Library District, including, as applicable, these entities' officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys' fees, for acting pursuant to this acknowledgement and authorization.

Member's Signature _____

Date _____

Part VI – Spousal Consent and Acknowledgement

I, the undersigned, as the spouse of the Adams County Retirement Plan member, voluntarily consent to the beneficiary designation(s) in Part II above, and to any distribution made on the member's death, according to the terms of the Retirement Plan. I acknowledge that I understand that the effect of my consent may be to forfeit benefits that I would have been entitled to receive upon my spouse's death, and my consent is irrevocable upon my spouse's death. I agree to release and indemnify the Plan, Retirement Board, and my spouse's employer (Adams County or the Rangeview Library District), including, as applicable, these entities' officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys' fees, for acting pursuant to this consent.

Signed: _____
Signature of Spouse

Date: _____

Witness: _____
Adams County Retirement Plan Representative

Date: _____

If you do not sign the spousal consent and acknowledgement portion of this form before an Adams County Retirement Plan representative, you must sign the form before a notary public.

The foregoing Spousal Consent and Acknowledgement was acknowledged before me this _____ day of _____, 20____, by _____.	
_____ (Notary's official signature)	Notary Seal <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
_____ (Commission Expiration)	