

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  
NOTICE OF INTENT TO RETIRE**

You should submit this notice to the Retirement Office at least 30 days before the date you want your retirement benefit to begin. For administrative reasons, your benefit payments will begin in the month *following* the month you request. Your first benefit payment will include two monthly payments: one for the month of your retirement and one for the month following your retirement.

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

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Hire \_\_\_\_\_

Home/Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work Telephone (\_\_\_\_\_) \_\_\_\_\_

Sex  Male  Female Marital Status  Married  Single  Partner in a Civil Union

Department \_\_\_\_\_

Home Mailing Address \_\_\_\_\_

Street/P.O. Box/Route \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

**ATTACH A COPY OF YOUR BIRTH CERTIFICATE  
AND, IF YOU ARE MARRIED, ATTACH A COPY OF  
YOUR MARRIAGE LICENSE OR CERTIFICATE  
AND IF YOU COMPLETE PART IV,  
ATTACH A COPY OF YOUR  
BENEFICIARY'S BIRTH CERTIFICATE**

**Part II – Notice of Intent to Retire - Complete if you are retiring from Active Status**

I intend to retire from:  Adams County  Rangeview Library District, effective \_\_\_\_\_ (your date of termination).  
month/day/year

I request payment of my benefit to begin \_\_\_\_\_ (must be the first day of any calendar month after your date of termination).  
month/day/year

I understand that, for administrative reasons, my first benefit payment will be made in the month following the month I have indicated above and will include payment for two months.

**Part III – Notice of Intent to Retire – Complete if you are a Deferred Vested Member**

My date of termination was \_\_\_\_\_ . I am retiring from:  Adams County  Rangeview Library District.  
month/day/year

My retirement will be effective \_\_\_\_\_ (must be the first day of a calendar month).  
month/day/year

I understand that my first benefit payment will be made in the month following the month I have indicated above and will include payment for two months.

**Part IV – Beneficiary Information**

The beneficiary you designate below will be used to determine your optional **Joint and Survivor forms of payment** (i.e., Joint and 100% Survivor Annuity, Joint and 100% Survivor Annuity with “Pop Up,” Joint and 50% Survivor Annuity, Joint and 50% Survivor Annuity with “Pop Up,” and Joint and 66-2/3% Last Survivor Annuity). **If you do not want these forms of payment calculated, you do not need to provide beneficiary information at this time.** You will have the opportunity to provide your beneficiary information on a Benefit Election Form, which the Plan Executive Director will provide to you, and which you must complete before your benefit can begin.

If you are married and designate a person other than your spouse as beneficiary, your spouse must consent in writing to your designation, acknowledge the effect of your designation and have his/her consent witnessed by a Plan representative or a notary public. Your spouse’s consent will be required on the Benefit Election Form, which the Plan Executive Director will provide to you.

First Name		M.I.	Last Name		
Mailing Address (if different from Plan member)					
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:					

**Part V – Alternate Payee/Cobeneficiary Information**

Is your retirement benefit subject to a domestic relations order (“DRO”) or child support order?

Yes  In Progress  No

The following person has been designated either as an alternate payee entitled to a portion of my retirement benefit and/or as a cobeneficiary entitled to post-retirement death benefits, as applicable, and that if I am or subsequently became married, my spouse must consent in writing to the cobeneficiary indicated below and have his/her consent witnessed as required in my Benefit Election Form. (Copies of all DROs and final property division orders must be attached to this form.)

**A. Alternate Payee Information (complete only if a DRO provides for direct payment of a portion of your retirement benefit from the Plan to a current or former spouse partner in a civil union)**

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"/>

**B. Cobeneficiary Information (complete only if a DRO and/or a final property division order provides benefits from the Plan to your current or former spouse or partner in a civil union if your death occurs after you retire)**

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"/>

**Part VI – Acknowledgement and Certification**

- A. I acknowledge and agree that:
  - 1. at enrollment or when I elect my benefit (if not executed and verified at enrollment), I must:
    - a. execute a Lawful Presence Affidavit; and
    - b. provide appropriate documentation to verify my lawful presence in the United States;
  - 2. if I am retiring from active status:
    - a. it is my responsibility to notify my employer’s Human Resources Department that I am retiring at least 2 weeks before my termination date; and
    - b. the Retirement Office must coordinate with various offices, including my employer’s Human Resources Department, regarding my pending retirement so that payment of my benefit can be timely and the amount of my benefit can be correct.
- B. I certify that the information on this Notice of Intent to Retire is correct.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date