

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
Date of Birth	Social Security Number			Benefit %
		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
Date of Birth	Social Security Number			Benefit %
		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
Date of Birth	Social Security Number			Benefit %
		Male <input type="checkbox"/>		Female <input type="checkbox"/>

Part VI – Acknowledgement and Certification

- A. I acknowledge and agree that:
 - 1. when I elect my benefit, 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.
- C. I hereby acknowledge and certify that I:
 - 1. had a bona fide termination of employment;
 - 2. have no pre-arrangement with the County or Rangeview Library District to be reemployed;
 - 3. agree to release, discharge and indemnify the Retirement Plan, Retirement Board, the Plan Executive Director, Adams County and Rangeview Library District, including, as applicable, these entities’ officers, members, employees, trustees, fiduciaries, attorneys, consultants, affiliates and agents from all liability and claims, including related costs and attorneys’ fees, for acting pursuant to this Part VI, Acknowledgement and Certification, including for relying on any false statements contained herein; and
 - 4. agree to repay the distribution plus earnings to the Plan in the event my termination is determined to be a sham.

Signature of Member

Date