

# IU PERF EARLY RETIREMENT INCENTIVE

## PRIVACY NOTICE

All Social Security Numbers are requested by this agency in accordance with the requirements of the Internal Revenue Code. Disclosure is mandatory and this form will not be processed without this information.

## REQUEST FOR ESTIMATE OF BENEFITS

### Member Information and Address

Social Security Number _____ - _____ - _____		Date of Birth (mm/dd/yyyy)	
First Name	MI	Last Name	
Home Address			
City	State	ZIP Code	
Home Telephone Number		E-mail Address	
Campus and Department			

### Retirement and Termination Information

Anticipated retirement/termination date: \_\_\_\_/\_\_\_\_/2004. (*Must be on or before 06/30/2004.*)

PERF benefits normally begin the first of the month following your termination date. If you want to postpone the start of your PERF benefits, indicate the date you would expect them to start: (mm/01/yyyy) \_\_\_\_/01/\_\_\_\_.

### Anticipated Retirement Beneficiary Information

PERF Retirees may choose Single Life or Joint and Survivor beneficiary options. The Joint and Survivor options pay less than the Single-Life options but provide a lifetime income to the beneficiary if the Retiree dies first.

Beneficiary's Name
Date of Birth (mm/dd/yyyy)
Relationship to Member

**X** \_\_\_\_\_  
Employee Signature Date

Return this form to Indiana University, University Human Resource Services, W. Jack Hudson, 400 E. Seventh St., Poplars E165, Bloomington, IN 47405-3085.

**This form must be received by University Human Resource Services by February 28, 2004**

Approved by University Human Resource Services \_\_\_\_\_