

Retirement Application

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

- 1) **REVIEW and COMPLETE** this entire **TWO-PART** application and enclosed **IRS Form W-4P**. Note that **YOU** have to complete Part 1 as well as Part 2, Section 1, and **YOUR PAYROLL OFFICER** has to complete Part 2, Sections 2 through 7.
- 2) **INVEST** some time in understanding your retirement benefit options, as described on the website resources referenced on page ii. Also, closely review the information you provide in your application for accuracy and completeness. **This is your application for retirement; it is a very important document.**
- 3) **SIGN** your application as required. Not signing in **ALL** places is a common error and causes delays—please check your application carefully!
Remember to **sign** your application in **FIVE** places—on pages 3, 6, 7, 8 and 10. If applicable, your spouse and a witness must also sign page 8, **AFTER** you have signed page 7.
- 4) **ATTACH** all of your required documents.
For your convenience, a checklist is provided on page 10; use it to avoid delays in processing your application.

⚠ IMPORTANT: Make a photocopy of all pages and attachments for your records.

- 5) **FILE** your application in a timely manner: three to four months before your date of retirement, and **no earlier** than four months in advance.

⚠ If the MTRS receives your application more than 60 days after your date of separation from service, your retirement date—and your benefits—will NOT be retroactive to your resignation date. In this case, the earliest effective date of retirement you may use will be 15 days *after* the date we receive your signed application. For example, if you decide during summer vacation that you want to retire instead of returning to the classroom in the fall, the MTRS must **receive** your completed application on or before **August 29** to use June 30 as your retirement date and have your benefits be retroactive to June 30. If the MTRS receives your application on August 30, your earliest retirement date would be September 14, and you would lose two and a half months' worth of retirement benefits (from July 1 through September 14).

⚠ If you are retiring on your birthday, use that exact day as your date of retirement, not the day after.

⚠ Remember, all service purchases must be paid for BEFORE your date of retirement. Late payments will DELAY your date of retirement—and because retirement benefits are retroactive only to your date of retirement, late payments will cause you to lose money!

- 6) **SEND** the **ORIGINAL** pages of both Parts 1 and 2 and the first page of the IRS Form W-4P, along with all of your required documents, in the same envelope, to the attention of our Retirement Application Processing Unit.



If your school district is in...	Send to our...
Middlesex, Essex, Norfolk, Bristol, Plymouth, Barnstable, Dukes, Nantucket or Suffolk (charter schools only) county	Main Office Charlestown
Berkshire, Franklin, Hampshire, Hampden or Worcester county	Western Regional Office Springfield

We will not begin processing your benefit calculation until we receive your signed and complete retirement application. If your application is incomplete, we will contact you and this may delay processing. If you have any questions about the retirement process or any of this material, please don't hesitate to contact us. We look forward to serving you in your retirement!

MAIN OFFICE

500 Rutherford Avenue Suite 210
Charlestown, MA 02129-1628
Phone 617-679-MTRS (6877)
Fax 617-679-1661

WESTERN REGIONAL OFFICE

One Monarch Place, Suite 510
Springfield, MA 01144-4028

Phone 413-784-1711
Fax 413-784-1707

ONLINE

mass.gov/mtrs



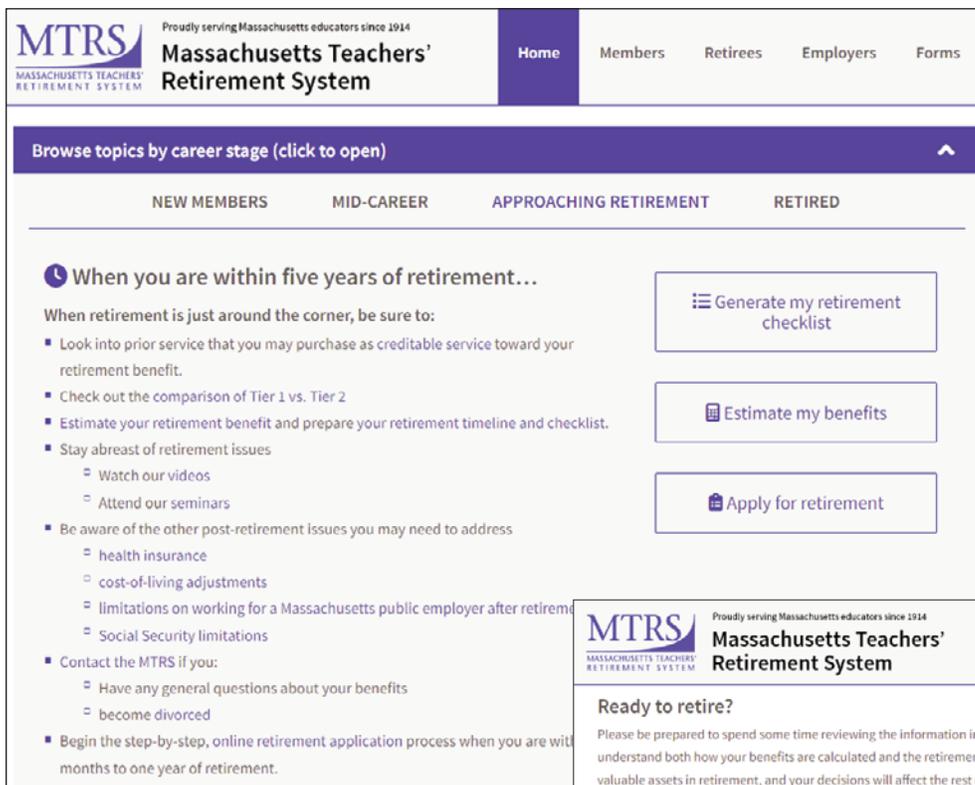
MASSACHUSETTS TEACHERS' RETIREMENT SYSTEM

Are you ready to retire? We have many online resources to help guide you through the process!

Visit our website to:

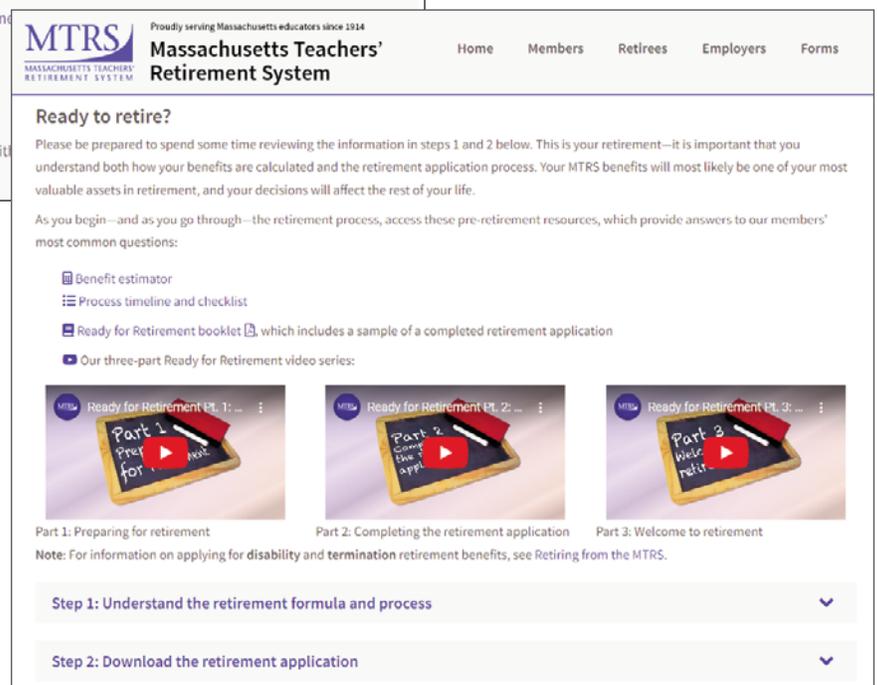
- **Generate your retirement checklist:** Know what to do—and when—with this interactive timeline and checklist.
- **Estimate your benefits:** Use this interactive estimator to see different retirement scenarios.

Also be sure to review the retirement process guidelines. **This is your retirement**—it is important that you understand both how your benefits are calculated and the retirement application process.



- Go to <https://mtrs.state.ma.us>
- Click *Browse topics by career stage*
- Click **APPROACHING RETIREMENT**

<https://mtrs.state.ma.us/retire>



Retirement Application, Part 1

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 1, SECTION 1

RETIREMENT DATA

Please do NOT delete any pages from **Parts 1 and 2** of this application, and, if you complete your form by hand, please print your responses legibly, in INK.

Regardless of how you complete this application, either by hand or on a computer, you must sign using a **WET SIGNATURE**—digital signatures are not accepted.

MTRS USE ONLY

- a) Type of retirement (check one) Superannuation/Regular
 Superannuation/RetirementPlus
 Reminder: In order to qualify for the RetirementPlus enhanced benefit: you must have at least 30 years of creditable service, at least 20 of which are membership service with the MTRS or the Boston Retirement System as a teacher; and, you must have contributed at the RetirementPlus rate of 11% for at least five years.
 Involuntary termination (*Tier 1 members only*)
 Reminder: If you are applying for a termination retirement, please remember to complete and submit a Termination Retirement Statement and Release along with your completed application. This separate, one-page form is available on the Forms page on our website.

b) Your intended date of retirement . . mm/dd/yyyy
 Reminder: If you are retiring at the end of the school year in June, by law, you **must** use June 30 as your retirement date, even if your last day of actual in-school service is earlier in the month.

c) Your last date of employment . . mm/dd/yyyy
 Note: If retiring at the end of the school year in June, your last date of employment is June 30, even if your last day of in-school service is earlier in June. If your last date of employment is **NOT** at the end of the school year, please use your actual **last day on payroll**. If retiring on your birthday, **use your birthday as your retirement date**, **NOT** the day after **AND** attach a photocopy of the letter verifying the school district's acceptance of your resignation and your resignation date.

d) Have you also applied for a disability retirement? Yes No

PART 1, SECTION 2

APPLICANT DATA



NOTE: We must receive your **ORIGINAL** signed application; copies, faxes or emailed applications cannot be accepted.

- Include legal proof of all name change(s) (ex. marriage certificate, etc.) since birth record (photocopy OK)
- Birth certificate (must be certified; photocopy not accepted)
- Military discharge form DD214

- a) Social Security number XXX-XX-XXXX
- b) MTRS member number Not known
 Tier 1 Tier 2 (membership start date on or after 4/2/12)
- c) Name Last
 First MI
- d) Former name(s), if applicable Last Not applicable
 Include legal proof of all name change(s) (ex. marriage certificate, etc.)
 First MI
- e) Date of birth mm/dd/yyyy
- f) Military veteran status (pursuant to M.G.L. c. 32) . Nonveteran Veteran
- g) Mailing address Number and street
 City State ZIP
- h) Home phone number
- i) Alternate phone number, if any Cell Work
- j) Email (personal—not school—email recommended) . . .

PART 1, SECTION 2

APPLICANT DATA

Continued

NOTE: If you are currently employed by more than one school district on your date of retirement, please be sure to provide a copy of Part 2 to a payroll administrator in each district for completion.

k) By how many school districts are you currently employed? None (inactive) 1 2

Name of current school district(s)

Position title(s)

l) Are you now—or were you at any time on or after January 1, 2010—concurrently employed by more than one Massachusetts town, city, county, state or regional authority? No Yes (provide details, below)

Name of other MA public employer(s)

Position title(s)

Full-time OR % of full-time

 % %

m) If, on your date of retirement, you will be under age 55 and married to a retiree of a Massachusetts contributory retirement system, AND, on November 1, 2003, both you and your current spouse were members of a Massachusetts contributory retirement system, THEN you will be eligible to retire under a superannuation retirement allowance using the age factor for age 55.

Accordingly, on November 1, 2003, were you and your current spouse both members of a Massachusetts contributory retirement system? No Yes

If yes, on your intended date of retirement, will your spouse be retired from a Massachusetts contributory retirement system? No Yes

If yes, name of spouse's retirement system . . .

Marriage certificate(s) (photocopy OK)

n) What is your expected marital status on your intended date of retirement? Single Single/divorced (see DRO, below)

NOTE: Regardless of your expected marital status on your intended date of retirement, you MUST complete Section 7, Spousal acknowledgment.

Single/widowed Married (provide details, below)

Married/formerly divorced (see DRO, below, and provide spouse details, below)

o) Spouse's name, if applicable. . . . First M. Last

p) Spouse's address, if different Number and street

City

State

ZIP

q) Have you ever been divorced? No Yes

Qualified* Domestic Relations Order (photocopy OK; please include your ex-spouse's current address)

r) If yes, do you have a qualified Domestic Relations Order (DRO) in effect? No Yes

If yes, and if it requires you to select a specific retirement option in accordance with the DRO, please be sure to follow the terms of the DRO in selecting your retirement option.

*needs to be signed and executed by the court

s) **Alternate address:** If you will be residing at an address other than the one listed at line g (for example, a summer or retirement address) during the next several months, please list it below.

Mailing address. . . . Number and street

City

State

ZIP

Phone number

Dates at this address . . . mm/dd/yyyy

From

To

Additional sheet(s) describing offense

t) Have you ever been convicted of a criminal offense involving your Massachusetts public employment? No Yes

Please attach additional sheet(s) to describe the offense.

PART 1, SECTION 3

FINAL AVERAGE SALARY PERIOD

a) Your retirement benefit is calculated according to a set formula that is comprised of three factors: your age, your years of creditable service, and the average of your highest three years' (Tier 1) or five years' (Tier 2) salary depending on your membership tier.

Please indicate the **contract year** and **contract type** for each of the following:

- If **Tier 1** member (effective membership date before April 2, 2012):
 - **Lines i, ii and iii:** the three consecutive years when this member's salary was the highest,
 - **Line iv:** the year prior to that three year period; and,
 - **Line v, if this member had an individual contract:** the year prior to the year in Line iv.
- If **Tier 2** member (effective membership date on or after April 2, 2012):
 - **Lines i–v:** the five consecutive years when this member's salary was the highest,
 - **Line vi:** the year prior to that five year period; and,
 - **Line vii, if this member had an individual contract:** the year prior to the year in Line vi.

		Contract year		Contract type		
		From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Check one Individual contract (superintendents, principals, others)	
For Tier 2, provide the 5 consecutive years when your salary was the highest, and either one year before this period, or two if you were under an individual contract.	For Tier 1, provide the 3 consecutive years when your salary was the highest, and either one year before this period, or two if you were under an individual contract.	i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*
	ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	
	iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	
	iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	
	v)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	
	vi)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	
	vii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/> Also, see below*	

***If you were covered by an individual contract...**

- What was the earliest date that your employer had knowledge—formally or informally—of your intent to resign and/or retire? . . . mm/yyyy
- Were any of the individual contracts covering your employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? Yes No

NOTE: If you were employed under an individual contract at any time during the five years prior to your intended date of retirement, the MTRS will request that your employer provide complete copies of all internal documents (formal and informal), including any minutes of School Committee meetings (open and executive session), pertaining to your contracts, salaries and intent to resign and/or retire.

b) Has your school district settled its contract for the current year? Yes No

If no, please: **be advised** that changes included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)

APPLICANT'S STATEMENT: I understand that, in the calculation of my final salary average for the purposes of determining my retirement benefit, certain payments are not considered "regular compensation," and, therefore, cannot—and will not—be included. (Examples of payments that are not considered "regular compensation" include any monies received on account of your employer having knowledge of your retirement, or received in lieu of sick leave or unused vacation.)

Applicant's signature Date

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Your retirement benefit is based in part on the number of years of creditable service you have, so it is **REQUIRED** that you complete this section **accurately and in full to the best of your ability**. If you have any questions, please refer to our website or call one of our offices.



ALL APPLICANTS: complete this page to the best of your ability.

You must enter data in Line c.

This information is to help us in processing your retirement benefits. We will always review and certify your complete creditable service history with your employer(s).

a) Which of the following **types** of creditable service have you rendered?

- Regular Massachusetts public teaching service No Yes
- Out-of-state public school teaching service No Yes
- Overseas dependent school teaching service (in a school under the supervision of the United States Department of Defense) No Yes
- Nonpublic school teaching service (out-of-state or in Massachusetts) No Yes
- Massachusetts public school substitute, temporary or part-time teaching or tutoring service No Yes
- Other Massachusetts public service (with a Massachusetts town, city, county, state or regional authority) No Yes
- Vocational work experience for licensure/approval in a Massachusetts Ch. 74 vocational program No Yes
- Pre-1975 maternity leave credit No Yes
- Peace Corps service No Yes
- Authorized leave of absence or a sabbatical from a Massachusetts public school [see page 5] No Yes
- Active military service in the armed forces of the United States, Massachusetts National Guard or active reserves [see page 5] No Yes

b) Please list **ALL** of your creditable service in **chronological order by employer** (from earliest to most recent).

To ensure that we have a **complete** picture of your service history—and that you receive the maximum credit to which you are entitled for your eligible service—please include **ALL** of the types and periods of creditable service that you have rendered during your career, including your current employment, and, if any, service which you may have purchased (or be in the process of purchasing) with the MTRS. Please note that you cannot purchase creditable service after your date of retirement.

Name of employer	Position title	Grade (PreK–12), if applicable	From mm/dd/yyyy	To mm/dd/yyyy	Employment status (as a % of full-time, e.g., 50%, 100%)	Service credit status (check one)		
						Credited	I plan to purchase	I will not purchase
1					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10					%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you need more space to list your creditable service, please attach additional sheets, and check this box to indicate that additional sheets are attached.

c) Please enter your **best estimate** of your total number of years of creditable service—and then be sure that you have listed **ALL** of the service that you are including in your estimate, in Section b, above years

PART 1, SECTION 4

CREDITABLE SERVICE HISTORY

Continued

d) Leave(s) of absence information

If you took an **authorized leave of absence** from a Massachusetts public school, such as a medical or military leave, or sabbatical please provide the following information, and also provide a letter from your employer(s) documenting your leave(s).

Note: If you had any **involuntary** leaves of absence (for example, as a result of being laid off and placed on a recall list), please **do not** list your involuntary leaves here, as they do **not** qualify as authorized leaves of absence toward the calculation of your creditable service.

Name of employer	Type of leave Medical, military, sabbatical	Start date mm/dd/yyyy	End date mm/dd/yyyy	Compensation received (check one)		
				No compensation	Partial compensation, and indicate % of full-time compensation paid	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/> %

e) Workers' Compensation information

Section 34 full incapacity Workers' Compensation:

Start date mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period	Your salary rate in effect	Payment category (e.g., sick leave)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 35 partial incapacity Workers' Compensation:

Start date mm/dd/yyyy	End date mm/dd/yyyy	Supplemental payments received by you from school district, if any, during this period	Your salary rate in effect	Payment category (e.g., sick leave)	Payments received by part-time work
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

f) Military service information

If you have active military service with the armed forces of the United States, Massachusetts National Guard or active reserves, please report the following:

Type of military service	Start date mm/dd/yyyy	End date mm/dd/yyyy	Service credit status (check one)		
			I have credited and/or purchased	I have applied to purchase; now pending	NOT yet applied to purchase
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 1, SECTION 5

DIRECT DEPOSIT AUTHORIZATION

- Your payment may only be deposited to a bank under the territorial jurisdiction of the United States.
- Your payment must be deposited to ONE account only, and YOUR name must be on the account.
- This section will be RETURNED as incomplete if you do not attach the required account documentation.

Section 5a

Your bank account information

Indicate account type

(check one)

ATTACH this required documentation

Checking

An original VOIDed check that is imprinted with your name, address, bank name and routing number, and account number. **Temporary or starter checks will not be accepted.** If you do not have checks personalized with your name and address, you must attach your bank's signed, official account verification document.



Savings

Official account verification document signed by bank employee indicating your name, address, bank name and routing number, and account number. **A deposit slip will not be accepted.**

Are you forwarding your payments to a foreign bank after having them deposited to a U.S. bank?

(Response required. If yes, pursuant to federal law, the MTRS must notify the Massachusetts Comptroller's office.)

No

Yes

Indicate account ownership (check one)

Individual

Joint: ALL other account holders must complete and sign Section 5b below.

Trust: ATTACH a Certification of Trust that names you as a trustee or a beneficiary of the trust, and check this box.

Section 5b

Joint account holder's information and certification, if applicable

If your payment is being deposited to a JOINT account, this section must be completed and signed by ALL other account holders. If there is more than one other account holder, attach additional copies of this page.

By signing below, and as a party to this account, I understand that I am personally liable, both individually and as a member of the group of parties to this account, to the Massachusetts Teachers' Retirement System (MTRS), which has the legal obligation to recover any overpayment, for the repayment of any monies deposited to this account to which the benefit recipient named in this application is not legally entitled. If I am entitled to any benefit from the MTRS as a beneficiary of the benefit recipient, the amount of my liability may be deducted from the amount payable to me. I agree that the financial institution shall have the right of offset for such a refund and I authorize the financial institution to provide the MTRS with my home address. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

Joint account holder information

Signature X Date

Name (First M. Last) SSN XXX-XX-

Mailing address

Email Phone

Section 5c

Your certification

I certify that I am the benefit recipient named in this application. By signing this form:

- ▶ I authorize the electronic funds transfer of my monthly benefit allowance from the State Treasury to the financial institution and account identified herein; I also authorize the State Treasurer to make any adjustments (debit or credit) as a result of errors in transfer.
- ▶ If monies to which I am not entitled are deposited into my account (for example, after my death), I authorize the financial institution to immediately refund any overpayments to the MTRS. If the funds are not sufficient to fully refund overpayments, I authorize and direct the financial institution to provide the MTRS all information related to the account, including transactions since the first of the month in which the overpayment occurs, and the names and addresses of all joint account holders and any individuals authorized to withdraw funds from the designated account. I release the MTRS, the financial institution, and their respective employees, from any and all liability, costs, damages, or expenses arising from such disclosure and/or refund.

This direct deposit authorization shall remain in effect until revoked by me in writing to the MTRS or by the State Treasurer.

Member's signature X Date

Important reminders

- Direct deposit (also known as Electronic Funds Transfer, or EFT) of your monthly retirement allowance is mandatory, pursuant to 807 CMR 18.00.
- Your benefit is deposited to your account once a month, on the last business day of the month for which you are being paid.
- Direct deposit statements are not mailed to you every month. Once your direct deposit starts, you will receive a mailed statement only: when there is a change in the amount of your deposit from the prior month; when we wish to use the message area in the statement to notify all retirees of special news; and, at the end of December, when we provide you with a year-end summary of your benefits for the calendar year.

PART 1, SECTION 6

YOUR RETIREMENT OPTION SELECTION, STATEMENT AND SIGNATURE

IMPORTANT NOTE

If you have ever been **divorced**, and you have a qualified Domestic Relations Order (DRO), and the terms of your DRO specify the retirement option that you must choose, please be sure to complete this section in accordance with your DRO.

Complete Option A month-of-death payment recipient designation (Section 8 on page 9 of this application)

Complete Option B beneficiary designation (Section 9 on page 9 of this application)

Option C beneficiary's birth certificate (**must be submitted, and must be certified; photocopy not accepted**)

Marriage certificate(s) (photocopy OK)



NOTE: We must receive your **ORIGINAL** signed application; copies, faxes or emailed applications cannot be accepted.

Please select your retirement Option and provide the required information. Note:

- Be sure that you have reviewed the information on our website or on page iii of this application regarding the benefits provided by each of the three available retirement options. **Please estimate your benefits using either our online estimator or the worksheet included on page iv of this application before you finalize your option selection.**
- Once your effective date of retirement has passed, you cannot change your retirement option, nor can you change your date of retirement. Because of this fact, it is important that you understand the retirement options that are available to you and that you make an informed decision based on your financial needs and the financial needs of your family.
- Please mark your option choice below. Your retirement application is not complete until the MTRS receives this completed section. If your application is completed within 60 days after your date of termination of service, your retirement can take effect on your termination date. If, however, it is received more than 60 days after your date of termination of service, your benefits will not be retroactive to that date; the earliest date they may begin is 15 days after we received your completed application.
- If you have any questions, please contact our office.

I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, hereby elect to receive my retirement allowance under the option selected below (**check one**):

Option A
Option A provides the maximum benefit allowance amount, and no survivor benefits. All monthly payments cease upon your death and no benefits will be provided for any survivors. If, after your death, any benefits that you earned in the month of your death are due, they will be paid in a lump sum to the month-of-death payment recipient(s) that **you should designate by completing Section 8 on page 9 of this application.**

Option B
Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon the member's death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary or beneficiaries; in most cases, the member's annuity account will be depleted 9 to 11 years after his or her date of retirement. You may change your beneficiary designation at any time during your retirement by completing and submitting a new, revised *Beneficiary Form—Retired Member/Option B* to the MTRS. **If you select Option B, you must designate your Option B beneficiary(ies) by completing Section 9 on page 9 of this application.**

Option C
Option C provides a benefit allowance that is generally 9–11% less than the Option A allowance. Upon the member's death, it also provides a monthly survivor benefit to one named beneficiary that is equal to 2/3 of the retiree's monthly benefit at the time of death. If you are selecting Option C, you **must** designate your Option C beneficiary here:

- Name of Option C beneficiary . First M. Last .
- Beneficiary's date of birth . . . mm/dd/yyyy . SSN
- Relationship to you Parent Sibling Child Spouse
 Former spouse who has not remarried

You may **not** change your Option C beneficiary designation after your effective date of retirement. In the event that your Option C beneficiary predeceases you, contact the MTRS so that we may adjust your benefit to the higher, Option A "pop-up" amount.

I have selected the option checked above and understand that I cannot change my option selection after my effective date of retirement. Additionally, I understand that if I have not filed my application four months prior to my effective date of retirement, I may not receive my Notice of Estimated Retirement Benefit (NERB) until AFTER my date of retirement, and regardless of when I receive my NERB, I cannot change my option selection after my effective date of retirement.

Applicant's signature Date
Name (please print)

NOTE: Even if you do not expect to be married on your intended date of retirement, you MUST also complete Section 7, Spousal acknowledgment.

PART 1, SECTION 7

SPOUSAL ACKNOWLEDGMENT

You **MUST** complete Line a, below, and then, if applicable, your spouse must complete Line b. If your spouse's whereabouts are unknown, you must complete a notarized affidavit (available upon request from the MTRS's main office), including your spouse's last known address.

a) I, the undersigned, having applied for retirement from the Massachusetts Teachers' Retirement System, have elected to receive my retirement allowance under the option selected in the previous Section. I hereby certify that (*check all that apply*):

I am now married or expect to be married as of my intended date of retirement as stated in this application. *Please sign and date this section, then give this form to your spouse for completion of section b.*

I have been divorced and it is my understanding that there is is not don't know a Domestic Relations Order on file with the MTRS. *Please sign and date this section, then return your entire application to the MTRS.*

I am NOT currently married and do not expect to be married as of my intended date of retirement as stated in this application. *Please sign and date this section, then return your entire application to the MTRS.*

I am widowed and have not remarried. *Please provide a copy of death certificate. Sign and date this section, then return your entire application to the MTRS.*

I subscribe under the penalties of perjury that the above information is true, complete and correct to the best of my knowledge.

Applicant's signature Date*
Name (please print)



NOTE : ALL applicants must sign and complete this section!

b) As the spouse of a member who is retiring from the MTRS, you are entitled to both notification and explanation of the retirement option selected by the member. You must sign Line b before one witness; **the member named in Line a, above, cannot be your witness.** The witness must sign and date the form on or after the date you sign; it is not necessary that your witness be a Notary Public. Before completing this section, please see which retirement option your spouse has chosen in the previous section, and then read the explanations of the available retirement options as provided under "Overview of options A, B and C," on page iii of this application and on our website at mass.gov/mtrs. **Please be sure that you have read and understand the various provisions of the option selected by your spouse, specifically, the benefits to which you may or may not be entitled to upon his or her death. If you have any questions, do not hesitate to contact the MTRS for an explanation.**

If you fail to sign this Spousal acknowledgment, the MTRS will notify you within fifteen (15) days by registered mail of the option selected by your spouse and your right to sign and return the spousal acknowledgment within thirty (30) days. Failure to sign and return the Spousal Acknowledgment to the Massachusetts Teachers' Retirement System within 30 days will result in your spouse's selection becoming effective without your signature.

I, the undersigned, am the spouse of the member named in Line a, above, who has applied for retirement from the Massachusetts Teachers' Retirement System. I hereby certify under the penalties of perjury that:

- I have read and understand the information on Options A, B and C, and
- I am aware of the option selected by the applicant and understand the provisions of that option.

Spouse's signature Date*
Name (please print)

Sign ON OR AFTER the date the member has signed on the previous page.

WITNESS TO SPOUSE'S SIGNATURE (must be witnessed by someone **other** than the member)

I subscribe under the penalties of perjury that the member's spouse (the person named immediately above) personally appeared before me and signed this form in my presence.

Witness's signature Date*
Name (please print)

Sign ON OR AFTER the date the spouse has signed above.

Address



* This section must be completed and signed **ON OR AFTER** the date that the member completed and signed Part 1, Section 6 (Page 7).

If your spouse and/or witness sign this section **before** the date that the member signed Part 1, Section 6, we will return the application to the member to have this page completed and signed again.

PART 1, SECTION 8 You should complete this section if you have selected **Option A** only.

**OPTION A
MONTH-OF-DEATH
PAYMENT
RECIPIENT(S)**

Option A provides no survivor benefits. However, after your death, if any benefits that you earned in the month of your death have not been paid out, they will be paid in a lump sum to your month-of-death payment recipient(s). Please name the designee(s) to receive the lump-sum payment of any benefits that you earn in the month of your death below. *Please see the shaded box at bottom of this page for additional information.*

Type (check one) SSN or tax ID % of payment

<input type="checkbox"/>	Person	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Date of birth		Name				
	Relationship to you	<input type="text"/>	Address				

Trust or organization

<input type="checkbox"/>	Person	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Date of birth		Name				
	Relationship to you	<input type="text"/>	Address				

Trust or organization

Total sum of percentages listed for all PRIMARY Option A month-of-death payment recipients must equal EXACTLY 100%

PART 1, SECTION 9 You must complete this section if you have selected **Option B** only.

**OPTION B
BENEFICIARY
DESIGNATION**

Option B provides a benefit allowance that is approximately 1–3% less than the Option A allowance. Upon your death, it also provides for the lump-sum payment of the remainder of the member's annuity savings account, if any, to the named beneficiary(ies); in most cases, the member's annuity savings account will be depleted within 9 to 11 years after his or her retirement date. *Please see the shaded box at bottom of this page for additional information.*

Type (check one) SSN or tax ID % of benefit

<input type="checkbox"/>	Person	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Date of birth		Name				
	Relationship to you	<input type="text"/>	Address				

Trust or organization

<input type="checkbox"/>	Person	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	%
	Date of birth		Name				
	Relationship to you	<input type="text"/>	Address				

Trust or organization

Total sum of percentages listed for all PRIMARY Option B beneficiaries must equal EXACTLY 100%

Option A and B retirees ONLY: Additional information and optional contingent designee(s)

- You may change your designation at any time during your retirement; simply complete and submit a *Beneficiary Designation Form for Retirees*.
- You may name more than one person or entity. If you do name more than one **primary** designee, however, please be sure to indicate the percentage that each **primary** entity should receive (the total must equal **exactly** 100%, for example 3 beneficiaries would be 33%+33%+34% to equal exactly 100%). If you fail to indicate a percentage, we will distribute the amount equally among the **primary** entities. If the total does not equal **exactly** 100%, the difference will be paid to your estate.
- If you need more space to indicate additional entities, please make a photocopy of this page, complete the appropriate line(s), sign each additional sheet, and, in this box, indicate how many additional sheet(s) are attached

OPTIONAL—CONTINGENT DESIGNEE(S): If you wish, you may also name contingent designee(s). In the event that the primary designee(s) named above are not alive at the time of your death, any benefit amount due will be paid to your contingent designee(s). If any of your primary designees predecease you, they are replaced by a contingent designee, in the order in which you name them, below (the remaining primary beneficiaries' shares do not increase if one of them predeceases you, nor is that share equally split among the multiple contingent beneficiaries). If there is no contingent beneficiary who is presently living, that share is paid to your estate.

Type (check one) SSN or tax ID

<input type="checkbox"/>	Person	<input type="text"/>		<input type="text"/>	<input type="text"/>	
	Date of birth		Name			
	Relationship to you	<input type="text"/>	Address			

Trust or organization

PART 1, SECTION 10

W-4P and Working after retirement acknowledgment

W-4P Form (on following pages)

- I have completed the W-4P form.
- I am not submitting the W-4P form so MTRS must withhold federal income taxes as if I'm single and claiming no withholding allowance.
- Working after retirement acknowledgment
As you transition into retirement, the MTRS wants you to be aware of the time and earnings restrictions on re-employment with a **Massachusetts public employer**. However, there are no restrictions on employment in the private sector, public employment in another state or employment with the federal government.
(For more information, please visit mtrs.state.ma.us/members/#pre-retirement-issues)

Please return this page along with your Retirement Application.

- I have read and understand all of the information above.

Member's signature Date

Name (please print)

Please review the following!

This checklist is to assist you in including all the necessary documents with your application.

Check all that are applicable to your situation.

NOTE: If you do **not** submit required documents with your application, your application will **not** be processed.

- Include legal proof of all name change(s) (ex. photocopy of your marriage certificate, etc.)
- Your **certified** birth record* (photocopy not accepted)
- Photocopy of your military discharge form DD214 (if you are a veteran)
- Photocopy of your notice of resignation
(if you are filing for an involuntary termination retirement allowance, are retiring on a day **other** than the last day in your contract year OR under an individual contract)
- Photocopies of your contracts/salary schedules for your 3-year (Tier 1) or 5-year (Tier 2) salary average period, including any pages referencing contractual language to substantiate any earnings in excess of your regular contract rates (these documents should be provided to you by your employer)
- A VOIDed check
(if your designated account for direct deposit is a checking account) **or** an official savings account verification document signed by bank employee (if your designated account for direct deposit is a savings account)
- Photocopy of your Qualified* Domestic Relations Order (needs to be signed and executed by the court)
(if you are divorced and have such an order in effect; please include your ex-spouse's current address)
- If you are selecting Option C, we need your beneficiary's **certified** birth record*
(photocopy not accepted)
 - Copy of your marriage certificate if your Option C beneficiary is also your spouse.

*Your original documents will be returned to you.

IRS Form W-4P

Withholding certificate for pension or annuity payments. Please complete the first page and return it with your completed retirement application.

YOUR FEDERAL TAX WITHHOLDING INSTRUCTIONS TO US

Please note:

- **Your MTRS retirement benefit is subject to federal income taxes, and, unless you notify us otherwise, we must begin withholding starting with your first payment.**

Please use the enclosed IRS form to instruct us whether you want us to withhold any amount from your monthly MTRS benefit for federal income taxes, and, if so, how much. Note: If you are a Massachusetts resident, your benefit is not subject to state income taxes; if you move to another state, however, check with that state's Department of Revenue to find out if your MTRS benefit is taxable in that state.

- **You are liable for payment of federal income tax on the taxable portion of your pension.**

If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.

- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time before or during your retirement.**

To change your withholding instructions, simply complete and submit a new IRS Form W-4P, available on our website at www.mass.gov/mtrs, from the IRS website www.irs.gov or call us and we will send you a form.

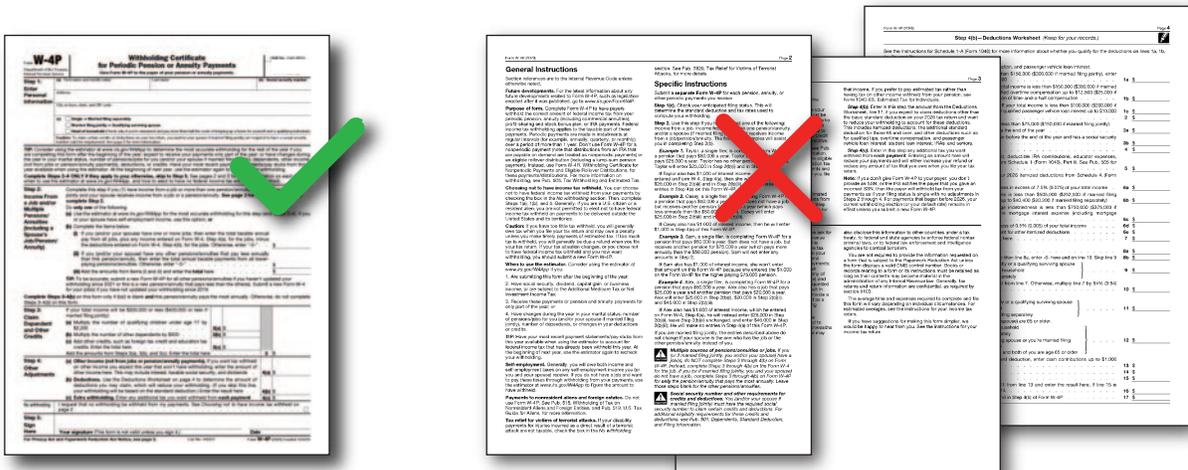
- **If you do not complete this form, the MTRS must withhold federal income taxes as if you are single and claiming no withholding allowances.**

If the taxable portion of your monthly benefit is more than the withholding level for a single person claiming zero allowances, and you do not complete this form, we are required by federal law to withhold at the rate set for a single taxpayer with no allowances.

- **If you need help completing this form, please consult a tax expert or the IRS.**

For more information on tax withholding, and the complete IRS Form W-4P which includes a step-by-step worksheet, please visit the IRS website at www.irs.gov.

Return the completed **first page** of the Form W-4P along with your completed Parts 1 and 2 of the Retirement application. Pages 2, 3 and 4 of the Form W-4P are for your reference and instruction and do not need to be returned with your Retirement application.



**Withholding Certificate
 for Periodic Pension or Annuity Payments**
 Give Form W-4P to the payer of your pension or annuity payments.

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at www.irs.gov/W4App, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/Annuities (Including a Spouse's Job/Pension/Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter “-0-” . . . \$ _____

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter “-0-” . . . \$ _____

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . \$ _____

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 3(a) \$ _____ (b) Multiply the number of other dependents by \$500 3(b) \$ _____ (c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here 3(c) \$ _____ Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here 3 \$ _____		
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Step 4: Other Adjustments	(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . 4(a) \$ _____ (b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld from each payment . . . 4(c) \$ _____		
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No withholding	I request that no withholding be withheld from my payments. See <i>Choosing not to have income tax withheld on page 2</i> <input type="checkbox"/>
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Step 5: Sign Here	_____ Your signature (This form is not valid unless you sign it.)	_____ Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to www.irs.gov/FormW4P.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;
3. Receive these payments or pension and annuity payments for only part of the year; or
4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding*

section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Taylor also has a job that pays \$25,000 a year. Taylor has no other pensions or annuities. Taylor will enter \$25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has \$1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter \$26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Casey does not have a job, but receives another pension for \$25,000 a year (which pays less annually than the \$50,000 pension). Casey will enter \$25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has \$1,000 of interest income, then he will enter \$1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Sam does not have a job, but receives another pension for \$75,000 a year (which pays more annually than the \$50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has \$1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the \$1,000 on the Form W-4P for the higher paying \$75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays \$50,000 a year. Alex also has a job that pays \$25,000 a year and another pension that pays \$20,000 a year. Alex will enter \$25,000 in Step 2(b)(i), \$20,000 in Step 2(b)(ii), and \$45,000 in Step 2(b)(iii).

If Alex also has \$1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter \$26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter \$46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.



Multiple sources of pensions/annuities or jobs. If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for **only** the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.



Social security number and other requirements for credits and deductions. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.

Specific Instructions *(continued)*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for

that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may

also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your mortgage indebtedness is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$640,600 if you’re single or head of household } **9** \$ _____
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$24,150 if you’re head of household } **11** \$ _____
 { • \$16,100 if you’re single or married filing separately }

12 **Additional standard deduction.** If you (or your spouse) are 65 or older.

Enter: { • \$2,050 if you’re single or head of household }
 { • \$1,650 if you’re married filing separately } **12** \$ _____
 { • \$1,650 if you’re a qualifying surviving spouse or you’re married filing jointly and one of you is under age 65 }
 { • \$3,300 if you’re married filing jointly and both of you are age 65 or older }

13 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **13** \$ _____

14 Add lines 12 and 13. Enter the result here **14** \$ _____

15 Add lines 11 and 14. Enter the result here **15** \$ _____

16 If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14 **16** \$ _____

17 Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P **17** \$ _____

Retirement Application, Part 2

For superannuation (regular or RetirementPlus) and involuntary termination retirement benefits

PART 2, SECTION 1

SERVICE AND SALARY DATA

Instructions to member:

Please provide your personal data and then forward these five pages to your payroll officer for completion of Sections 2 through 7.

Your payroll officer will then return these five pages to you for forwarding to the MTRS along with Part 1, pages 1 through 10.

NOTE: If you were employed by more than one school district during the years used for your salary average, please make additional copies of these five pages and have them completed by a payroll administrator in each of the districts in which you were employed.

a) Name of member Last First MI

b) Social Security number XXX-XX-XXXX

c) MTRS member number and tier Tier 1 Tier 2

d) Type of retirement (check one) Superannuation/Regular
 Superannuation/RetirementPlus
 Involuntary termination

e) Intended date of retirement mm/dd/yyyy

f) Name of school district

g) Position title

INSTRUCTIONS TO PAYROLL OFFICER: Please follow these steps:

- Complete Sections 2 through 7, below, and **make a copy of these five pages for your records.**
- If, at some later date, there is a change in the salaries reported in Section 5—either because of a retroactive contract settlement or error—please **mark the corrections** directly on a copy of this sheet, initial and date any changes and send the copy to the MTRS. If the changes resulted from a contract settlement, please forward a copy of the relevant contract language along with the corrected pages. Likewise, if the change in salaries reported in Section 5 results in a change in the current deductions listed in Section 4, please indicate, initial and date that change too.
- **Return** these five pages (Sections 1 through 7) to the member. It is then the member's responsibility to submit his or her entire *Retirement Application* to the MTRS three to four months prior to his or her effective date of retirement.

Your assistance in expediting the completion of these pages will be most appreciated!

PART 2, SECTION 2

SERVICE VERIFICATION

Please report this member's entire service history with your school department (in other words, not just for the last three years). Please indicate whether service was rendered on a full-time or part-time basis; if service was rendered on a part-time basis, please also indicate it as a percentage of full-time. If necessary, please attach additional sheets to report this service.

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Full-time	OR	Part-time, and indicate % of full-time
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %

During any period of service above, was the No member a kindergarten or prekindergarten teacher? Yes; from to

For the service reported above, please report any authorized **leaves of absence** when no compensation or partial compensation was received. NOTE: Please do **not** list here: any **involuntary** leaves of absence (e.g., as a result of the member being laid off and placed on a recall list) as they do not qualify as authorized leaves of absence; or, any periods during which Workers' Compensation was received (please list that information in Part 2, Section 5).

From (mm/dd/yyyy)	To (mm/dd/yyyy)	No compensation	OR	Partial compensation, and indicate % of full-compensation
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %
<input type="text"/>	<input type="text"/>	<input type="checkbox"/>		<input type="checkbox"/> %

PART 2, SECTION 3

SALARY HISTORY

Please indicate the **contract year** and **contract type** for each of the following:

- If **Tier 1** member (effective membership date before April 2, 2012):
 - **Lines i, ii and iii:** the three consecutive years when this member's salary was the highest,
 - **Line iv:** the year prior to that three year period; and,
 - **Line v, if this member had an individual contract:** the year prior to the year in Line iv.
- If **Tier 2** member (effective membership date on or after April 2, 2012):
 - **Lines i–v:** the five consecutive years when this member's salary was the highest,
 - **Line vi:** the year prior to that five year period; and,
 - **Line vii, if this member had an individual contract:** the year prior to the year in Line vi.

	Contract year		Contract type	
	From mm/dd/yyyy	To mm/dd/yyyy	Collective Bargaining Agreement (teachers, others)	Individual contract (superintendents, principals, others)
For Tier 2 , provide the 5 consecutive years when the member's salary was the highest, and either one year before this period, or two if the member was under an individual contract. For Tier 1 , provide the 3 consecutive years when the member's salary was the highest, and either one year before this period, or two if the member was under an individual contract.	i)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	ii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	iii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	iv)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	v)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	vi)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7
	vii)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Also, see Section 7

PART 2, SECTION 4

CURRENT DEDUCTIONS, LAST CHECK DATE, AND CONTRACT STATUS

a) Please report this member's current monthly earnings and actual and/or projected future deductions for the **TWELVE months prior to the applicant's date of separation from service with your district**. Additionally, in the last column, please indicate the month of the member's final payroll deduction.

Month (mm/yyyy)	Eligible earnings total	Regular deduction amount (for 5, 7, 8, 9 or 11% deduction)	Additional 2% deduction amount (if applicable)	Total monthly deduction amount	Final deduction (check only one box)
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	+ \$ <input type="text"/>	= \$ <input type="text"/>	<input type="checkbox"/>

Note to payroll official:
For the member's deductions, please report the applicant's: **regular** deduction amount; if applicable, their **additional 2%** deduction amount; and, their **total** deduction amount.

If your district's deduction report for a particular month has already been submitted and finalized in MyTRS, you can find the applicant's regular and, if applicable, additional 2% deduction amounts in MyTRS at: Home » Employer Management » Deduction Reports and Payments.

b) Please enter the date of the member's final paycheck mm/dd/yyyy

[Note to payroll official: To avoid receiving an error message in MyTRS when submitting your payroll deduction report for the month of this member's retirement, please enter this member's "termination event" in MyTRS now, while you have the information at hand.]

c) Has your school district settled its contract for the current year? Yes No

If no, as soon as it is settled, please send us: 1) an electronic copy of the new contract; 2) a list of all of your teachers who retired before the settlement and who will need an adjustment; and, 3) for all affected retirees, *either* revised Part 2 forms, *or* one spreadsheet with the updated figures for all affected retirees.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide this member's salary data as requested below. Please note:

- Please report the member's service and earnings data for the years that you listed in Part 2, Section 3, on the previous page.
- If the member was employed at **less than full-time during these years**, please still list the full-time equivalent salary in Column D. Whenever prorated part-time service is used in a benefit calculation, the MTRS will still use a member's **full-time equivalent salary** to determine their salary average.
- If the member's last year of earnings was not a complete school year, please list that partial year and the full school years prior to it, either **four or five if Tier 1** or **six or seven if Tier 2**. If there are two contract rates in effect during one school year, please do not average the amounts; instead, use two lines—one for each contract period—and complete columns B through G for each period.
- If column B does not equal column C, but the member worked the entire contract year, please attach additional sheet(s) to explain why (for example, because of disciplinary reasons).
- Please provide a breakdown, by school year, of all additional eligible earnings for coaching, extracurricular activities or longevity, or any other amounts listed in Column E, below. If you need additional lines to report this compensation, please attach additional sheets.
- If column G does not equal columns D plus E, please attach additional sheet(s) to explain why (for example, because of a legal issue, Workers' Compensation payments, salary lost due to misconduct or any additional agreements).

A Period each salary rate was in effect during the three years of highest salaries <i>Use a separate line for each salary rate</i>	B Number of days paid during period	C Number of days in contract year	D Full-time equivalent salary for each period	E Additional eligible earnings for coaching, extracurricular activities or longevity	F Ineligible earnings paid for unused sick leave, unused vacation pay, retirement incentives, bonuses, severance payments or fringe benefits*	G Total eligible earnings <i>(Do not include amounts listed in column F)</i>
From <i>(mm/dd/yyyy)</i>	To <i>(mm/dd/yyyy)</i>					
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$
/ /	/ /		\$	\$	\$	\$

* **NOTE: By law, retirement deductions should not be withheld for any monies listed in column F.** If any deductions were taken in error on any amounts included in column F, please explain below.

PART 2, SECTION 5

SALARY VERIFICATION

Please provide a breakdown, by school year, of all additional eligible earnings for coaching, extracurricular activities or longevity, or any other amounts listed in column E, above. If you need additional lines to report this compensation, please attach additional sheets.

Continued

From (mm/dd/yyyy)	To (mm/dd/yyyy)	Identify type of earning (if extracurricular activity, indicate specific title)	Amount paid
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$
/ /	/ /		\$

Were the additional earnings listed directly above paid under the terms of a collective bargaining agreement, memorandum of agreement or individual contract No Yes (please attach the applicable sections of the contract)

If No, please specify what earnings are NOT listed

PART 2, SECTION 6

WORKERS' COMPENSATION

During the member's service with your district (as listed in Section 2), did he or she receive any payments from Workers' Compensation? No Yes

If "yes," please report the following and please attach any relevant documents Yes, documents are attached

Section 34 full incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by member from school district, if any, during this period		
mm/dd/yyyy	mm/dd/yyyy	Amount	salary rate in effect	Payment category (e.g., sick leave)

Section 35 partial incapacity Workers' Compensation:

Start date	End date	Supplemental payments received by member from school district, if any, during this period			Payments received by part-time work
mm/dd/yyyy	mm/dd/yyyy	Amount	salary rate in effect	Payment category (e.g., sick leave)	
					<input type="checkbox"/>
					<input type="checkbox"/>

- PART 2, SECTION 7

STATEMENT AND SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL(S)

Required for ALL applicants: SIGNATURE OF SCHOOL DEPARTMENT OFFICIAL

- a) To your knowledge, has the applicant ever been convicted of a criminal offense related to the member's office or position? Yes No
If yes, please attach additional sheet(s) to describe the offense Don't know
- b) Is the member's separation from service related in any way to a criminal action? Yes No

I hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, **Total eligible earnings**, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments or fringe benefits; and,
- the above information is true, complete and correct.

I have made a copy of these pages (Part 2, Sections 1-7) for future reference and clarification, if needed.

<input style="width: 100%; height: 30px;" type="text"/>	Date	<input style="width: 100%; height: 30px;" type="text"/>
Name (please print) <input style="width: 100%; height: 30px;" type="text"/>	Phone	<input style="width: 100%; height: 30px;" type="text"/>
Title..... <input style="width: 100%; height: 30px;" type="text"/>	Fax	<input style="width: 100%; height: 30px;" type="text"/>
Email..... <input style="width: 100%; height: 30px;" type="text"/>		

IMPORTANT NOTES

ALL signatures must be an original **WET SIGNATURE**—digital signatures are not accepted.

*If the applicant was employed under the terms of an individual contract, this statement **MUST** also be signed by the superintendent of the school district. If the applicant is the superintendent, then this statement **MUST** instead be signed by the chairperson of the school committee.*

Please return these five pages, along with copies of all applicable contracts and documents, to the applicant, for submittal to the MTRS. Thank you for your assistance to us and our members!

ALSO required if the applicant is employed under the terms of an individual contract: SIGNATURE OF SUPERINTENDENT OR SCHOOL COMMITTEE CHAIRPERSON

- c) If, as indicated in Part 2, Section 3, the member was covered by an individual contract...
 - What was the earliest date that your school district's superintendent, School Committee or anyone in your administrative offices, had knowledge—formally or informally—of the member's intent to resign and/or retire? *mm/yyyy*
 - Were any of the individual contracts covering the member's employment for the last five years renegotiated (i.e., the original provisions were changed, and the changes applied retroactively and/or prospectively)? . . . Yes No
 - In addition to the contracts, are there any documents (formal or informal) pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? Yes No

If yes, please list all documents here AND attach a copy of each:

- During any School Committee meetings (including open and executive sessions), did any discussions or votes take place pertaining to the member's contracts or salaries for the last five years, or his or her intent to resign and/or retire? . Yes No
- If yes, you must provide copies of ALL minutes of these meetings.**

I have reviewed this information and hereby certify, UNDER THE PENALTIES OF PERJURY, that:

- the salary reported herein at page 3, column G, **Total eligible earnings**, does **not** include any amounts paid to the member based on the school district's formal or informal knowledge of the member's intent to retire; for unused sick leave; in lieu of or for unused vacation pay; retirement incentives, bonus or severance payments, or fringe benefits; and,
- the above information is true, complete and correct.

<input style="width: 100%; height: 30px;" type="text"/>	Date	<input style="width: 100%; height: 30px;" type="text"/>
Name (please print) <input style="width: 100%; height: 30px;" type="text"/>	Phone	<input style="width: 100%; height: 30px;" type="text"/>
Title..... <input style="width: 100%; height: 30px;" type="text"/>		