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[www.kcpsrs.org](http://www.kcpsrs.org)

KANSAS CITY PUBLIC SCHOOL RETIREMENT SYSTEM

**APPLICATION FOR SERVICE RETIREMENT**

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(Name, please print)	(Social Security #)	(Telephone #)
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(Street Address)	(City)	(State)	(Zip Code)
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(E-mail address – for internal use only)

**TO THE BOARD OF TRUSTEES:**

In accordance with the provisions of the law governing the operation of the Public School Retirement System of the School District Of Kansas City, Missouri, the undersigned, a member of the Retirement System, does hereby make application for retirement as a

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(Position)	AT	(Location)
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to be effective as of \_\_\_\_\_  
(Must be on the first day of a month )

You must file this application before the effective date of your retirement if, on the effective date, you will be either (A) age 60 or older; or, (B) an age when added to the number of years of your creditable service totals at least 75. If you do not satisfy either (A) or (B), you must have worked a minimum of five years of creditable service and attained age 55, and your retirement allowance will be reduced by an actuarial amount.

The above age and advance filing requirements do not apply to disability retirement. Disability retirement is effective as of the latter day of either (1) the day the signed application is received by the Retirement System Office; or, (2) the day after the last day on which you receive compensation from any employer associated with this Retirement System.

(Sign your name on the line opposite the benefit you select; no change in benefit [or, in options 1 or 2, in beneficiary] may be made after your first retirement payment is due unless permitted under any future law having retroactive effect.)

**BASIC BENEFIT**

Retirement allowance payable for life, with estate or named beneficiary to receive, in a lump sum, any accumulated employee contributions and interest in the retirant's account on the retirement date which have not been paid out as retirement benefits before the retirant's death. No interest is credited after the retirement date.

(Sign name) \_\_\_\_\_

**BENEFIT OPTIONS** – as provided by section 169.326 of the Missouri Revised Statute:

1. **100% Survivor Option** - Reduced retirement allowance payable for life and continuing thereafter to the beneficiary named on the reverse side of this application for his or her remaining lifetime; in the event the beneficiary predeceases the retirant, then the retirant's retirement allowance shall be adjusted to the basic benefit calculated at the time of retirement no refund or any unpaid accumulated contributions or interest at death of retirant or beneficiary.

(Sign name) \_\_\_\_\_

2. **50% Survivor Option** - Reduced retirement allowance payable for life and continuing thereafter at one-half of the monthly benefit to the beneficiary named on the reverse side of this application for his or her remaining lifetime; in the event the beneficiary predeceases the retirant, then the retirant's retirement allowance shall be adjusted to the basic benefit calculated at the time of retirement; no refund of any unpaid accumulated contributions or interest at death of retirant or beneficiary.

(Sign name) \_\_\_\_\_

3. **Life Only Option** - Retirement allowance increased over the basic benefit for life with no refund of any unpaid accumulated contributions or interest at death.

(Sign name) \_\_\_\_\_

Designated Beneficiary/Survivor \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (States) (Zip Code)

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of Birth \_\_\_\_\_ Telephone Number \_\_\_\_\_

**I have read this entire application for retirement and fully understand its terms. I hereby waive and relinquish any and all rights to all benefits, options, rights and privileges identified or described on this application which I have not selected or elected by signing my name or otherwise as instructed on the application. In addition, I fully understand as a retired member of The Retirement System, I am allowed by law to substitute (or work part-time) up to 600 hours per school year (July 1 to June 30) with any of the following employers: (1) the Kansas City Missouri School District; (2) Kansas City Public Library District; (3) all charter schools located within the Kansas City Missouri School District boundaries; and (4) the Retirement System. I understand if I exceed 600 hours, or return to work in a full-time capacity at the aforementioned employers, my retirement benefits will be suspended until such time I return to retirement status.**

The above statements are true to the best of my knowledge and belief

Dated at Public School Retirement System of Kansas City, MO this \_\_\_\_ day of \_\_\_\_\_, 2018  
(Location)

\_\_\_\_\_  
(Signature of Member)

\_\_\_\_\_  
(Witness)

Verification of Beneficiary's Date and place of birth \_\_\_\_\_  
(Type of document used for proof) (Initials)

No option election shall become effective in case a Member dies within thirty days after retirement or within thirty days after filing such election; in such an event the Member shall be considered as an active Member at the time of death.