

Retirement Application Questionnaire

Please complete this questionnaire to assist in completing your retirement application. When your application has been prepared, based on your responses to this questionnaire, a formal application will be sent for your final review and signature. After your signed application has been received by our department, it will be sent to Adventist Retirement at the North American Division for processing. Once received at Adventist Retirement, it may take up to **6 months for processing**.

www.adventistretirement.org Thinking About Retirement document, Defined Benefit and SHARP policy documents.

Section 1. Personal Information

1. Full legal Name (as found on your Social Security card):

Please include a copy of the Social Security card for you and your spouse.

2. Address:

3. Telephone Number:

4. E-mail address:

Please provide a non-work e-mail address if you want to allow Retirement to communicate with you via e-mail.

5. Mobile telephone number:

Please provide this number so that Adventist Retirement will have an additional way to contact you.

6. If you are currently working in denominational employment, what is the date you plan to cease work?

7. What is your requested retirement date?

Your retirement date is always the first day of a month.

Section 2. Service and/or Vesting Credit

1. Have you ever received long-term disability benefits in connection with your denominational employment? (Y or N) _____
 - If yes, when did your long-term disability benefits begin? _____

2. Have you ever served in the military? (Y or N) _____. If yes . . .
 - Did you enter or re-enter full-time denominational employment within one year after your discharge date? (Y or N) _____ or
 - Did you enter or re-enter further training for denominational service within one year after discharge and within one year after completing your training enter full-time denominational employment? (Y or N) _____
 - Please provide the dates of your military service. _____
 - Please enclose a copy of your military discharge papers with this questionnaire.

3. Did you earn a graduate degree above the Master of Arts level prior to January 1, 2000? (Y or N) _____. If yes . . .
 - Did you begin or return to full-time denominational service within one year of receiving the degree? (Y or N) _____
 - What degree did you earn?

 - When did you graduate/receive the degree? _____
 - Please provide a copy of the transcript of your degree completion.

Section 3. Spousal Questions

1. Have you ever been divorced? (Y or N) _____. If yes . . .
 - What was your divorce date? _____
 - What was the date of your marriage to your ex-spouse? _____
 - A copy of the property settlement or QDRO must be included with your retirement application. If you were married to your current spouse prior to your first denominational employment these documents are not required.
 - If you were divorced prior to denominational employment, please provide a copy of the divorce decree with the judge signature and showing the date of the divorce. If the ex-spouse has died, we will accept a death certificate in lieu of the divorce decree.

2. What was the date of marriage to your current spouse? _____

3. Is your spouse currently receiving benefits from an Adventist Retirement Plan? (Y or N) _____(you must notify Adventist Retirement when your spouse takes an ARP DC Plan distribution)

4. Will your spouse qualify for benefits from an Adventist Retirement Plan in the future? (Y or N) _____

5. Is your spouse receiving employer-funded retirement benefits from ANY employer now? (Y or N) _____.
 - If yes, what is the monthly amount? \$_____

6. Will your spouse qualify for an employer-funded benefit from ANY retirement plan in the future? (Y or N) _____. If yes ...
 - When will your spouse qualify for those benefits? _____
 - What employer is providing those benefits? _____
 - What is the current value of the employer-provided portion of those benefits? _____ (required)

7. Did or will your spouse have access to an employer-funded lump-sum retirement benefit from ANY employer? (Y or N) _____. If yes ...
 - What was/will be the amount? _____ (required)
 - What date was/will this lump-sum be accessible? _____
 - What employer is providing those benefits? _____

Section 4. Form of Benefit

If you are married, your monthly retirement benefit can be paid in a joint and survivor annuity. The joint and survivor annuity reduces your monthly payment by 10%. The reduced amount under the joint and survivor annuity grants your spouse the ability to receive a portion of your monthly benefit for the rest of his/her life if you die before your spouse. Most married people elect the joint and survivor annuity unless the spouse already has their own, ample retirement resources.

You may elect to have your benefit paid in a single life annuity.

Please refer to your "Thinking About Retiring?" booklet on the Adventist Retirement website www.adventistretirement.org for more information.

Please complete this statement by writing either "joint and survivor" or "single life" in the blank:

"I choose to have my monthly benefit paid in a _____ annuity form."

Section 5. Payment Decisions

1. Adventist Retirement requires monthly pensions to be directly deposited. Please enclose a voided check for the account you want your benefits deposited into.

2. **Pre-2000 Retirement Allowance Employer Instruction Required:** Did (will) you work at least 1,000 hours during each of the 2 years immediately preceding your retirement date and go directly from active service into retirement? (Y or N) _____. (There are limited exceptions that can extend the "active service" period for 36 months from the date you ceased working. Please see your "Thinking About Retiring?" booklet for more information.)

If you answered "yes" to the question above, you may be eligible for a one-time payment of a retirement allowance in addition to your monthly retirement benefit. If you are eligible for a retirement allowance, you may choose to receive all or a portion of that allowance in a lump sum and/or deposit all or a portion of it in a tax-deferred account. Due to IRS and plan rules, you may make different selections for the retirement allowance amounts associated with employment before 2000 and employment after 1999. Please read all the options before answering.

Pre-2000 Retirement Allowance Amount

- Do you want all or a portion of the retirement allowance associated with your pre-2000 employment ("pre-2000 retirement allowance") paid in a lump-sum to you? (Y or N) _____.
 - If yes, what percentage do you want to have paid to you in a lump-sum? _____ (Income tax automatic withholding rules will apply.)
- Do you want all or a portion of your pre-2000 retirement allowance deposited in a qualified tax-deferred account so that you do not have to immediately pay taxes on it? (Y or N) _____.
 - If yes, what percentage of the retirement allowance do you want placed in the tax deferred account? _____
 - What account/plan do you want to have it deposited in? _____ (e.g., Adventist Retirement Plan account with Empower, IRA, etc.)
 - If other than your Adventist Retirement Plan account with Empower, what is the plan name, account number, address, contact name, and contact phone number for the account where you want your money deposited?

Post-1999 Retirement Allowance Amount - Employer Instruction Required
Only complete this section if instructed to do so by the Employer

- Do you want all or a portion of the retirement allowance associated with your post-1999 employment ("post-1999 retirement allowance") paid to you in a lump-sum? (Y or N) _____.
- If yes, what percentage do you want to have paid in a lump-sum? _____ (Income tax automatic withholding rules will apply.)
- Do you want all or a portion of the post-1999 retirement allowance deposited in your Adventist Retirement Plan account with Empower so that you do not have to immediately pay taxes on it? (Y or N) _____.
- If yes, what percentage do you want deposited in your Empower account? _____ (Unlike the pre-2000 retirement allowance, you cannot select an account other than your Empower account for deposit of your post-1999 retirement allowance.)

Section 6. SHARP Decisions

You must have at least 15 years of church service credit prior to July 1, 2020 to be eligible to participate in SHARP (the supplemental health care program for retirees). SHARP requires enrollment in Medicare Part A & Part B. It is your responsibility to apply to Social Security Administration for Medicare Part B and you should do so 60 days in advance of your retirement effective date. You may receive a subsidy/credit, based on your qualified years of service, to assist with the monthly cost of supplemental Medicare plans. Please refer to your "Thinking About Retiring?" booklet and SHARP plan document for more information.

1. Do you want to apply for SHARP coverage? (Y or N) _____. If yes . . .
 - When do you want SHARP coverage to begin? _____ (Some individuals need SHARP to start as soon as they retire, while others have coverage through another source, such as a spouse's employer, and choose to wait until that coverage ends before going on SHARP. If you wait to enroll until you lose other coverage, you must file an enrollment application with SHARP within 30 days of loss of such coverage.)
2. Do you want to apply for SHARP coverage for your spouse (Y or N)? _____ (**WARNING:** You are allowed to apply for SHARP coverage for your spouse only if you have elected the joint and survivor annuity form of benefit. If you elected the single life annuity form of benefit under Section 4, be sure you have reviewed that section carefully. If you wish to make any change to your election, do so on your application before you apply for SHARP.) If yes . . .
 - When do you want your spouse's coverage to begin? _____ (If a full-time employed spouse currently has employer coverage, you will wait to enroll him/her

in SHARP. If you wait to enroll your spouse, you must file a new enrollment application with SHARP 30 days prior to when your spouse loses his/her coverage to add your spouse to SHARP.)

3. Do you have any dependent children under the age of 26? (Y or N) _____. If yes, please provide names, dates of birth and a copy of the Social Security card for each dependent child.

Section 7. Medicare- Related Questions

1. Did you ever opt out of participation in the U.S. Social Security Program? * (Y or N) _____. If yes, when did you opt out? _____. Did you ever opt back in? (Y or N) _____. When did you begin participating again? _____ *This question primarily applies to pastors.
2. Have you applied for Part B coverage with Medicare? (Y or N) _____. If yes, you will need to provide a copy of your Medicare Part B card to me when you return your signed application. If no, please be sure to submit your Medicare Part B application to Social Security Administration 60 days in advance of your retirement effective date. If you are not yet eligible for Medicare Part B, you will need to provide a copy of your Medicare Part B card to Adventist Retirement when you become eligible for Part B. Include a copy of you and your spouse Social Security cards. Also include your dependent child's cards. Healthcare is not activated if the cards are not sent to Adventist Retirement.

EMPLOYER

Please contact our office if you have questions. Upon receiving your questionnaire, we will reach out to you for any clarifications necessary or missing documentation. If you wish to change any responses before the application is submitted to Adventist Retirement, contact our office as soon as possible.

Name,
Title
Address
Phone/Email

Please sign below to indicate that you have fully reviewed this questionnaire and are authorizing us to use your answers in preparing your retirement application. We will not apply for your retirement based on this signature. You will have opportunity to review and sign the formal application document when it has been prepared.

Signature: _____

Date: _____

Please return your completed questionnaire to my office. Thank you!