

**ARAPAHOE COUNTY RETIREMENT PLAN
NOTICE OF INTENT TO RETIRE**

You should submit this notice at least 120 days before you want your benefits to begin.

Part I – Your General Information (please print)

Name _____ Social Security Number _____

Date of Birth _____ Date of Hire _____

Home Telephone (____) _____ Work Telephone (____) _____

Sex Male Female Marital Status Married Single

Department _____

Mailing Address

Street/P.O. Box/Route

City

State Zip Code

Part II – Notice of Intent to Retire – Complete if you are a Deferred Vested Member

My date of termination was _____ month _____ day _____ year. I intend to retire from Arapahoe County effective _____ month _____ day _____ year (must be the first day of a calendar month).

Part III – Notice of Intent to Retire – Complete if you are retiring from Active Status

I intend to retire from Arapahoe County effective _____ month _____ day _____ year (your date of termination) and request payment of my benefit to begin _____ month _____ day _____ year (must be the first day of any calendar month after your date of termination).

Part IV – Beneficiary Information (please print)

The beneficiary you designate below will be used to determine your optional Joint and Survivor forms of payment (i.e., 100% Joint and Survivor Annuity and 50% Joint and Survivor Annuity). If you do not want these forms of payment calculated, you do not need to provide beneficiary information at this time.

If you are married and designate a person other than your spouse as beneficiary, your spouse must consent in writing to your designation, acknowledge the effect of your designation and have his/her consent witnessed by a Plan representative or a notary public. Your spouse's consent will be required on your Benefit Election Form, which you will complete before your benefits can begin.

If you do not elect a Joint and Survivor form of payment, you will designate your beneficiary(ies) for the form of benefit you do elect on your Benefit Election Form.

First Name	M.I.	Last Name	
Mailing Address (if different from Plan Member)			
Street/P.O. Box/Route		City/State	Zip Code
Date of Birth	Social Security Number		Male <input type="checkbox"/> Female <input type="checkbox"/>
<i>Relationship to member</i> <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other:			

Part V – Qualified Public Safety Employee

If you are employed by Arapahoe County as a “qualified public safety employee” and you are at least 50 years of age by the end of the calendar year in which you separate from service, the taxable portion of any distribution will not be subject to the 10% penalty tax for early withdrawal.

A “qualified public safety employee” means an employee of a State or political subdivision of a State whose principal duties include services requiring specialized training in the area of police protection, firefighting services, or emergency medical services for any area within the jurisdiction of the State or political subdivision. Generally, for Arapahoe County, you must be employed as a sworn law enforcement employee to be considered a “qualified public safety employee.”

Please check one of the following:

I am employed by Arapahoe County as a qualified public safety employee (generally, a sworn law enforcement employee) and I will be at least 50 years of age by the end of the calendar year in which I separate from service.

Yes No

Part VI – Acknowledgement and Certification

- A. I acknowledge and agree that:
 - (1) when I elect my benefit, I must:
 - a. execute a Lawful Presence Affidavit; and
 - b. provide appropriate documentation to verify my lawful presence in the United States; and
 - (2) the Plan does not provide for an automatic cost of living adjustment to my retirement benefit.
- B. I certify that the information on this Notice of Intent to Retire is correct.

I hereby acknowledge and certify that I:

- (1) had a bona fide termination of employment;
- (2) have no pre-arrangement with the County to be reemployed;
- (3) agree to release, discharge and indemnify the Retirement Plan, Retirement Board, the Retirement Plan Administrator, and Arapahoe County, including, as applicable, these entities’ officers, members, employees, trustees, fiduciaries, consultants, affiliates and agents from all liability and claims, including related costs and attorneys’ fees, for acting pursuant to this Part VI,

Acknowledgement and Certification, including for relying on any false statements contained herein; and

- (4) agree to repay the distribution plus earnings to the Plan in the event my termination is determined to be a sham.

Signature of Member

Date

RETURN TO:

ARAPAHOE COUNTY RETIREMENT ADMINISTRATION OFFICE
ATTENTION: LEW QUIGLEY
5334 SOUTH PRINCE STREET
LITTLETON, CO 80120