



## Service Retirement Application Process

### Maximum Retirement Allowance & Beneficiary Designation

Congratulations and welcome to the **Employees' Retirement System (ERS)** Service Retirement Application process! A Retirement Benefits Analysts will be assigned to guide you through your service retirement application process upon receipt of your Service Retirement Application.

**Due to the threat of the Coronavirus, ERS has modified the service retirement application process to service our members remotely. This packet is designed to provide you with the information and ERS forms and documents we need to process your service retirement benefit.**

To obtain a customized **estimate** of your projected retirement benefit, go to our website at [www.bcercs.org](http://www.bcercs.org) and click on **Member Services – Self Service Login**. If you are logging in for the first time, you must “Register” first before you proceed. After you log in, click on either the link “Run a pension estimate” or “Estimate” and enter your estimated retirement date and beneficiary’s date of birth to generate your pension estimate.

The Service Retirement Application process has two required steps:

- **First Step:** The following required **documents**, where applicable, must be received by ERS as early as 90 days and no later than 60 days prior to your expected retirement date in order to process your service retirement application timely. Refer to the Service Retirement Application Submission Schedule posted on our website.
  - A copy of your birth certificate
  - A copy of your photo ID (*Valid Driver’s License/State Issued ID*)
  - A copy of your marriage certificate(s) (*if you are or have ever been married in the past during your employment with Baltimore City*)
  - A copy of your spouse’s birth certificate (*if married*)
  - A copy of birth certificate for children under age 22
  - A copy of your divorce decree(s) (*if you are or have ever been divorced in the past during your employment with Baltimore City*)
  - A copy of your spouse’s death certificate (*if you are or have ever been widowed during your employment with the Baltimore City*)

- **Second Step:** You must complete, sign and date the following **ERS Forms** enclosed in this packet and have them **notarized** where noted no earlier than 90 days and no later than 60 days prior to your expected retirement date. All completed and notarized forms must also be received by ERS no earlier than 90 days and no later than 60 days prior to your expected retirement date. Refer to the Service Retirement Application Submission Schedule posted on our website.
  - **Application For Service Retirement** *(Must be notarized)*
  - **Election Of Maximum Retirement Allowance & Beneficiary Designation Under Maximum Retirement Allowance\*** *(Must be notarized)*
  - **Marital Status Affidavit** *(Must be notarized)*
  - **Application For Pre-Employment Military Service Credit** *(Must be notarized)*
  - **Designation of Custodian For Member's Minor Child** *(Must be notarized, if applicable)*
  - **Active Death Beneficiary Designation Form** *(Must be notarized)*
  - **Form W-4P Withholding Certificate**
  - **Direct Deposit Request** *(Attach a Voided Check or Direct Deposit Authorization Form from Banking Institution)*
  - **Acknowledgement Re-employment After Retirement** *(Must be notarized)*

**\*Important Note:** Enclosed is a summary of the **ERS Service Retirement Options** for your review. If you wish to choose a different **eligible** service retirement option other than the **Election of Maximum Retirement Allowance**, please notify ERS by email immediately so that the proper form can be emailed/mailed to you timely.

All required documents and **notarized** ERS forms can be mailed directly to ***Employees' Retirement System, 7 E. Redwood Street, 13<sup>th</sup> Floor, Baltimore, MD 21202*** and must be received by ERS no earlier than 90 days and no later than 60 days prior to your expected retirement date. **If ERS does not receive ALL required documents and ERS forms at least 60 days prior to your expected retirement date, your Service Retirement application will NOT be processed for your expected retirement date. You will have to reapply for the next retirement payroll cycle with no retroactive retirement benefit.**

If you have any questions regarding the Service Retirement Application process, please contact ERS by email at [contactERS@bcers.org](mailto:contactERS@bcers.org) or telephone at 443-984-3200. A Retirement Benefits Analyst will respond to you by email or telephone during normal office hours. Our office hours are Monday through Friday from 8:30 am to 4:30 pm.



# Service Retirement Options

**Option 0 - Maximum Retirement Allowance:** A member who is eligible to receive a retirement allowance is entitled to receive the maximum benefit without reduction. Upon the death of the retired member, the Board of Trustees shall pay 40% of the member's retirement allowance to the surviving spouse to whom the retired member was married for at least 1 year immediately before the member's retirement date, or if there is no qualifying spouse, then to the retired member's minor children in equal shares. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

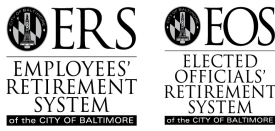
**Option 1 - Reserve Guarantee:** This benefit is permanently reduced to provide a lump-sum payment to the designated beneficiary and the lump-sum payment is determined by the life expectancy of the member. If the member dies before he/she has received in total retirement benefits the value of his/her retirement allowance, the balance shall be paid to his/her legal representative or to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees. The beneficiary can be changed at any time. The designated beneficiary is not entitled to apply for retiree health benefits with DHR-Office of Employee Benefits.

**Option 2 - 100% Joint & Survivor:** This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 100% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

**Option 3 - 50% Joint & Survivor:** This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 50% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits.

**Option 5 - 100% "Pop-up" Joint & Survivor:** This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 100% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits. If the beneficiary dies before the member, the member will receive the maximum retirement allowance and a new beneficiary cannot be designated.

**Option 6 - 50% "Pop-up" Joint & Survivor:** This benefit is permanently reduced based on the age difference between the member and the beneficiary to provide a monthly payment to the beneficiary. Upon the member's death, 50% of his/her retirement allowance shall be continued throughout the life of and paid to such person (beneficiary) as he/she shall nominate by written designation duly acknowledged and filed with the Board of Trustees at the time of his/her retirement. The beneficiary cannot be changed 30 days after the member has retired. However, the beneficiary designated will be eligible to apply for retiree health benefits with DHR-Office of Employee Benefits. If the beneficiary dies before the member, the member will receive the maximum retirement allowance and a new beneficiary cannot be designated.



THE CITY OF BALTIMORE  
EMPLOYEES' RETIREMENT SYSTEM  
7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470 Phone  
443-984-3200 Fax 443-853-3767

**FOR ERS USE ONLY**

PENSION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**APPLICATION FOR SERVICE RETIREMENT**

Name \_\_\_\_\_ SSN \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Board of Trustees: In accordance with the provisions of the law governing the operation of the City of Baltimore Employees' Retirement System, I, the undersigned member of the Retirement System, do hereby make application for retirement from active service as a

\_\_\_\_\_ in \_\_\_\_\_  
TITLE OF POSITION AS IT APPEARS ON PAYROLL DEPARTMENT

**Your retirement benefit effective date must be at least 60 days and no more than 90 days after the date of this form.**

I request that my retirement benefit become effective on \_\_\_\_\_.

I was born on \_\_\_\_\_.

If a Class C or D member, I have attained at least 30 years of service OR at least 5 years of service and age 55.

If a Class A member, I have attained at least 30 years of service OR at least 5 years of service and age 60.

I understand the provisions of Article 22 of the Baltimore City Code relative to the maximum retirement allowance and optional forms of benefits.

I wish to elect the \_\_\_\_\_ form of benefit.  
SERVICE RETIREMENT OPTION

I designate \_\_\_\_\_ as my beneficiary to receive a benefit upon  
NAME OF BENEFICIARY

my death. This individual is my \_\_\_\_\_,  
RELATIONSHIP OF BENEFICIARY TO YOU

who was born \_\_\_\_\_.  
BIRTH DATE OF BENEFICIARY

\_\_\_\_\_  
Signature of applicant

STATE OF \_\_\_\_\_, CITY/COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

[Seal]





THE CITY OF BALTIMORE  
EMPLOYEES' AND ELECTED OFFICIALS'  
RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470 Phone  
443-984-3200 Fax 443-853-3767

**BENEFICIARY DESIGNATION UNDER  
MAXIMUM RETIREMENT ALLOWANCE**

Retiree Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Initial Last

Home Address: \_\_\_\_\_  
Street

City State Zip

Were you married at least 1 year prior to your retirement date? ☐ Yes ☐ No

Are you still married to this spouse? ☐ Yes ☐ No

Spouse Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
First Middle Initial Last

Date of Birth: \_\_\_\_\_ Date of Marriage: \_\_\_\_\_

Do you have any children under the age of 22?

☐ Yes ☐ No

If yes, please provide the name and date of birth of any child(ren)

Full Name of Child	Date of Birth
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



EMPLOYEES'  
RETIREMENT  
SYSTEM

of the CITY OF BALTIMORE



ELECTED  
OFFICIALS'  
RETIREMENT  
SYSTEM

of the CITY OF BALTIMORE

## THE CITY OF BALTIMORE EMPLOYEES' & ELECTED OFFICIALS' RETIREMENT SYSTEM

7 East Redwood Street - 13th Floor, Baltimore, Maryland 21202-3470

Phone: 443-984-3200 / Fax 443-853-3767

### MARITAL STATUS AFFIDAVIT

- It is very important for ERS to be certain of a member's marital status during his/her employment with the City of Baltimore when applying for retirement benefits. If a divorce decree or other court order such as a settlement agreement is granting an ex-spouse to receive a portion of the member's retirement benefits, ERS is obligated to comply with the terms of that order and will subtract that portion from the member's benefit.
- All members must complete, sign and have notarized the **Marital Status Affidavit** and submit a copy of their marriage certificates and/or divorce decrees as part of the application process.
- If you were married during any period of your employment with the City of Baltimore and got divorced either while you were still employed by the City or after you terminated your employment (or retired), your ex-spouse may be entitled to a portion of your ERS retirement benefit.
- Those members who do not submit a copy of all marriage certificates and/or divorce decrees obtained during their employment with the City of Baltimore must complete, sign and have notarized an additional affidavit attesting to their marital status during their employment with the City of Baltimore and any court ordered settlement agreements.
- If you do not provide the Marital Status Affidavit and required documentation, the processing of your service retirement application and payment of benefits will be delayed, and no retroactive payments will be made.
- **Note: If spouses are living separately, but have not obtained a court order or decree of divorce, they are still legally married.**

THE CITY OF BALTIMORE EMPLOYEES' AND ELECTED OFFICIALS' RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor Baltimore, Maryland 21202-3470

Phone: 443-984-3200-Option 1 / Fax: 443-853-3767

**AFFIDAVIT OF MARITAL STATUS WHILE EMPLOYED BY BALTIMORE CITY**

The undersigned solemnly declares and affirms under the penalties of perjury:

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

I was employed by the City of Baltimore from: \_\_\_\_\_ until: \_\_\_\_\_.

Check where applicable and write in the number of times each marital event has occurred.

\_\_\_\_ (1) I was never married while I was an employee of the City of Baltimore.

\_\_\_\_ (2) I have been married \_\_\_\_ time(s) while I was an employee of the City of Baltimore.

\_\_\_\_ (3) I have been divorced \_\_\_\_ time(s) while I was an employee of the City of Baltimore.

\_\_\_\_ (4) I have been widowed \_\_\_\_ time(s) while I was an employee of the City of Baltimore.

If it is determined that my ex-spouse(s), if applicable, is entitled to or becomes entitled to any portion of my ERS pension or benefits, and, as a result, ERS is required to pay my ex-spouse(s) for any period for which it paid me the pension or benefits without a reduction for my ex-spouse's share, I consent to ERS withholding any and all payments to me until the payments to my ex-spouse(s) are recovered in full.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
State of

\_\_\_\_\_  
County/City of

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, by the above-named person whose identity was made known to me through satisfactory proof of identity.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

[Seal]



**The City of Baltimore Employees' and Elected Officials' Retirement Systems****APPLICATION FOR PRE-EMPLOYMENT MILITARY SERVICE CREDIT**

FOR ERS USE ONLY

Pension #:

Date Received:

Name:

SSN:

Eligibility Requirements: A member may receive up to 3 years of ERS service credit for United States military service prior to employment with the City of Baltimore. To qualify, a member must:

- 1) Acquire at least 10 years of ERS service and attain age 62 or acquire 20 years of ERS service, regardless of age;
- 2) Not be eligible to receive retirement benefits for the military service from any other retirement system except for a Reserve Component Retirement benefit for Reserve service and National Guard members; and
- 3) Not be eligible for a regular active duty military pension.

**Complete Section I or Section II.****Did you serve in the United States military prior to your employment with the City of Baltimore?****SECTION I. If NO, sign here:** \_\_\_\_\_ **Date:** \_\_\_\_\_**SECTION II. If YES, complete Parts A, B, C, D and E below:****PART A: Check the military branch in which you served.**

☐ Army                      ☐ Air National Guard  
☐ Navy                      ☐ Maryland National Guard  
☐ Marine Corps          ☐ Army National Guard  
☐ Air Force                ☐ Coast Guard  
☐ Other (specify) \_\_\_\_\_

**PART B: Enter your military entry and separation dates.**

	YYYY	mm	dd
Date of Entry	_____	_____	_____
Date of Separation	_____	_____	_____
Total Military Service	_____	_____	_____

**Part C: A copy of your Form DD214 must be provided to the ERS to validate your claim for military service.**

Did you attach Form DD214? YES \_\_\_ NO \_\_\_

**PART D: Indicate if you have or will receive credit for your military service in another system.**

1. Do you now receive or expect to receive military retirement benefits for military service indicated on your DD214? YES \_\_\_ NO \_\_\_
2. Do you now receive or expect to receive disability compensation/pension from the Veterans Administration for an injury sustained while serving on active military duty? YES \_\_\_ NO \_\_\_
3. Do you now receive or expect to receive any benefits from any other retirement system, which includes the period of military service you are claiming on this application? YES \_\_\_ NO \_\_\_
4. If yes, indicate the name of the retirement system: \_\_\_\_\_

**PART E: Sign and date this form.**

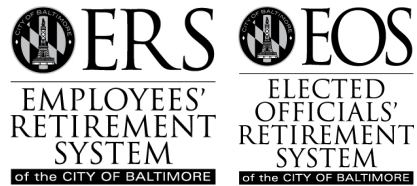
Under penalties of perjury, I hereby certify that the above information is true and correct. I authorize the release of any documents pertaining to my pre-employment military service or the crediting of that service under another retirement system to the ERS.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Maryland, County/City of \_\_\_\_\_

I hereby certify that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before me, the subscriber, personally appeared \_\_\_\_\_ and made oath or affirmation in due form of law that the matters and facts set forth in the Application for Military Service Credit are true.

\_\_\_\_\_  
Notary Public\_\_\_\_\_  
Seal



THE CITY OF BALTIMORE  
EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200 Fax 443-853-3767

## DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD

If you die before beginning to receive ERS benefits and death benefits are payable to your child (or children) under age 18, ERS cannot make payments directly to that child. ERS will only pay benefits to a custodian you designate under the Maryland Uniform Transfers to Minors Act OR to a court-appointed guardian. This DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD allows you to designate a custodian of your choice.

### CUSTODIANS

The custodian you name will receive and manage the ERS benefits on behalf of your child until he or she reaches age 18. Even though the custodian controls the benefits, your child still legally owns them. When your child reaches age 18, control of the ERS benefits passes to your child automatically. (In addition, if payments continue to your child beyond age 18 because he or she is a student, ERS will make those payments directly to your child.)

You should only name someone you trust as custodian. ERS does not monitor what happens to the benefit after it is paid.

You may designate a **primary custodian** to serve as long as he or she is willing and able. You may also designate a **contingent custodian**, or second choice custodian, to serve if the primary custodian, dies, cannot serve for any other reason or is unwilling to serve.

### GUARDIANS

You cannot use this form to select a guardian or to become a guardian. Only a court can appoint a guardian.

**IF YOU DO NOT COMPLETE THIS FORM, A GUARDIAN MUST BE APPOINTED BY A COURT TO ACCEPT ERS BENEFITS ON BEHALF OF YOUR CHILD IF HE OR SHE IS UNDER AGE 18. ERS CANNOT PAY ANY CHILD UNDER AGE 18 DIRECTLY.**

### DIRECTIONS

- If you have more than one child under age 18, you must complete a separate form for each child.
- Fill in your name and your child's name.
- List the name of the primary custodian and his or her contact information.
- If you want, list one or two contingent custodians.
- Sign and date the form. Have it notarized. **The form is not valid unless signed and notarized.**
- Return the form to the address at the top of the page and keep a copy for your records.



**FOR ERS USE ONLY**

PENSION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

**THE CITY OF BALTIMORE  
EMPLOYEES' RETIREMENT SYSTEM**

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200 Fax 443-853-3767

**DESIGNATION OF CUSTODIAN FOR MEMBER'S MINOR CHILD**

In the event that I, \_\_\_\_\_ should die before beginning to receive ERS  
benefits, it is my specific intention that any and all benefits that may be payable by the Employees' Retirement  
System upon my death to my minor child, \_\_\_\_\_  
be distributed to a custodian on behalf of my minor child. This transfer will be made pursuant to the Maryland  
Uniform Transfers to Minors Act (Md. Code, Estates and Trusts §§ 13-301 *et seq.*).

It is my specific intention to designate the following primary custodian to act on behalf of my child:

NAME OF PRIMARY CUSTODIAN \_\_\_\_\_

SOCIAL SECURITY NUMBER OF PRIMARY CUSTODIAN \_\_\_\_\_

ADDRESS OF PRIMARY CUSTODIAN \_\_\_\_\_

PHONE NUMBER OF PRIMARY CUSTODIAN \_\_\_\_\_

If at any time the primary custodian is unable or unwilling to act as such custodian, then the following  
contingent custodians are designated to act on behalf of my child, in the order in which they are listed below.

NAME OF 1ST CONTINGENT CUSTODIAN \_\_\_\_\_

NAME OF 2ND CONTINGENT CUSTODIAN \_\_\_\_\_

ADDRESS OF 1ST CONTINGENT CUSTODIAN \_\_\_\_\_

ADDRESS OF 2ND CONTINGENT CUSTODIAN \_\_\_\_\_

SOCIAL SECURITY NUMBER OF 1ST CONTINGENT CUSTODIAN \_\_\_\_\_

SOCIAL SECURITY NUMBER OF 2ND CONTINGENT CUSTODIAN \_\_\_\_\_

PHONE NUMBER OF 1ST CONTINGENT CUSTODIAN \_\_\_\_\_

PHONE NUMBER OF 2ND CONTINGENT CUSTODIAN \_\_\_\_\_

**SIGNATURE OF MEMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_, CITY/COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer,  
personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose  
name is subscribed to within the instrument and acknowledged that he/she executed the same for the  
purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

Notary Public

[Seal]

# THE CITY OF BALTIMORE EMPLOYEES' RETIREMENT SYSTEM

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200 Fax 443-853-3767

## ACTIVE DEATH BENEFICIARY DESIGNATION FORM

The BENEFICIARY DESIGNATION FORM allows you to name any person you want to receive benefits payable from the Employees' Retirement System ("ERS") if you die before you begin receiving ERS benefits or within 30 days of retirement.

**THIS FORM DOES NOT ALLOW YOU TO NAME BENEFICIARIES FOR UNION DEATH BENEFITS OR ANY OTHER LIFE INSURANCE BENEFITS.**

If you die **while not in the line-of-duty**, ERS provides several pre-retirement death benefit options. The beneficiary you name will determine which of those options are available:

- If you name your **spouse**, he or she may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension (if you worked at least 20 years or were eligible to retire).
- If you name your **minor child or children**, they may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension until they are no longer minors (if you worked at least 20 years).
- If you name **one or both of your parents**, they may choose:
  - a lump sum equal to 50% of your salary + your employee contributions with interest; or
  - a monthly pension (if you were eligible to retire).
- If you name **anyone else**, that person or persons will receive a lump sum equal to 50% of your salary + your employee contributions with interest.

If you die **while in the line-of-duty**, a monthly pension equal to your salary will be payable to your **spouse** (if you have not named your minor children as beneficiaries), **minor children** (if you have no spouse or your spouse dies or remarries), or **parents** (if you have no spouse or minor children). If you have no surviving spouse, minor children, or parents, **anyone you designate** will receive a lump sum equal to your employee contributions with interest.

**IF YOU NAME YOUR SPOUSE AS YOUR BENEFICIARY AND THEN YOU DIVORCE, YOU MUST COMPLETE ANOTHER FORM TO CHANGE YOUR BENEFICIARY. IF YOU DO NOT COMPLETE ANOTHER FORM, YOUR FORMER SPOUSE WILL RECEIVE A LUMP SUM DEATH BENEFIT.**

**IF YOU DO NOT COMPLETE THIS FORM**, a lump sum death benefit automatically will be paid to:

- your living **spouse**; but if your spouse dies before you, then to
- your living **child or children** in equal shares, but if they die before you, then to
- your living **parent or parents** in equal shares, but if they both die before you, then to
- your **estate**.

### DIRECTIONS:

- Fill in your name and Social Security number.
- Name your **first choice beneficiary** or beneficiaries under "Primary Beneficiary(ies)."
  - If you name more than one first choice beneficiary, fill in the "% of Benefit" section.
  - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
  - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- Name your **second choice beneficiary** under "Contingent Beneficiary(ies)."
  - The second choice beneficiaries will receive your death benefit only if **none** of your first choice beneficiaries are living at the time of your death.
  - If you name more than one second choice beneficiary, fill in the "% of Benefit" section.
  - If you do not fill in the "% of Benefit" section, each will receive an equal share of your death benefit.
  - If you name more than four (4), use an additional BENEFICIARY DESIGNATION FORM.
- Sign and date the form. Have it notarized. **The form is not valid unless signed and notarized.**
- Return the form to the address at the top of the page. Keep a copy for your records.

THE CITY OF BALTIMORE  
EMPLOYEES' RETIREMENT SYSTEM  
7 East Redwood Street, 13th Floor, Baltimore, Maryland 21202  
**BENEFICIARY DESIGNATION FORM**

**FOR ERS USE ONLY**

PENSION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_

Member's Name \_\_\_\_\_

Social Security No. \_\_\_\_\_

**TO THE BOARD OF TRUSTEES:** I request that the following beneficiary designation take the place of any prior beneficiary designation filed with the Employees' Retirement System ("ERS").

**PRIMARY BENEFICIARY(IES):** I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally only among the remaining beneficiaries who are living at the time of my death.

(1) Name \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

(3) Name \_\_\_\_\_

(4) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Check if you used an additional Designation Form to name additional primary beneficiaries.

**CONTINGENT BENEFICIARY(IES):** If all primary beneficiaries die before me, I hereby designate the beneficiaries listed below to receive the total amount of any benefits that may be payable by the ERS if I die before I begin receiving ERS benefits. Unless I designate below in the "% of Benefit" section, I understand that benefits will be paid to the beneficiaries listed below in equal shares. I further understand that should any beneficiary listed below die before me, his or her share of my death benefit will be divided equally only among the remaining beneficiaries who are living at the time of my death.

(1) Name \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

(3) Name \_\_\_\_\_

(4) Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

% of Benefit \_\_\_\_\_ SSN \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

DOB \_\_\_\_\_ Relationship \_\_\_\_\_

☐ Check if you used an additional Designation Form to name additional primary beneficiaries.

**SIGNATURE OF MEMBER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_, CITY/COUNTY of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or satisfactorily proven) to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_

Notary Public

[Seal]



THE CITY OF BALTIMORE  
EMPLOYEES' AND ELECTED OFFICIALS'  
RETIREMENT SYSTEMS

7 East Redwood Street -- 13th Floor  
Baltimore, Maryland 21202-3470  
Phone 443-984-3200  
Fax 443-853-3767

**FORM W-4P WITHHOLDING CERTIFICATE**

**INSTRUCTIONS**

- Use this form to tell the Employees' and Elected Officials' Retirement System ("ERS") how much state and federal tax to withhold from each monthly benefit payment.
- Select **one** of three options. You may only choose one.
- Option 1 is to have **\$0 in taxes withheld** from your monthly payment.
- Option 2 is to have **ERS calculate your tax withholding**. Indicate your marital status and number of exemptions.
  - You may **also** have ERS withhold extra money in addition to ERS's calculation. Write \$0 if you do not want ERS to withhold extra money.
- Option 3 is to **tell ERS how much** you want withheld. This option is available for Maryland state taxes only.
- **Please submit at least 30 days before the effective date.**

Social Security Number	Last Name	First Name	Middle Initial
		<b>Federal</b>	<b>State</b>
<input type="checkbox"/> 1. I elect not to have taxes withheld from my monthly pension.			
<input type="checkbox"/> 2. I want the taxes from my monthly pension to be calculated using the number of exemptions and marital status listed here. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher single rate I also want an additional amount withheld from my monthly pension.		# Exemptions	# Exemptions
		\$ _____	\$ _____
<input type="checkbox"/> 3. I want the following flat amount of money taken from my monthly pension.			\$ _____
<input type="checkbox"/> Check if this is a change of address.	Signature		Date
	Address		Phone
	City	State	Zip

**FOR ERS USE ONLY**

PENSION # \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_



**Employees' and Elected Officials' Retirement Systems**  
**7 East Redwood Street, 13<sup>th</sup> Floor**  
**Baltimore, MD 21202-3470**  
**Phone: (443) 984-3200 / Fax: (443) 853-3767**  
**Email: [contacters@bcers.org](mailto:contacters@bcers.org)**



**PAYROLL DIRECT DEPOSIT REQUEST FORM (FOR RETIREES & BENEFICIARIES)**

Please read the instructions on the back and print legibly in black ink.

<b>First Name:</b>	<b>MI:</b>	<b>Last Name:</b>
<b>Social Security Last 4 Digits:</b>		<b>Email Address:</b>
<b>Provide telephone numbers where you can be reached:</b>		
Work:	Home:	Cell:
<b>Mailing Address:</b>		
<b>Select Action:</b> <input type="checkbox"/> Begin Direct Deposit <input type="checkbox"/> Change Direct Deposit		
<b>Effective Date of Action:</b>		
<b>Select Account Type:</b> <input type="checkbox"/> Checking (Attach Voided Check or Banking Verification Document) <input type="checkbox"/> Savings (Attach Banking Verification Document) <input type="checkbox"/> Copy of Photo Identification (Driver's License / State Issued ID / Passport) Attached		
<b>Name of Financial Institution:</b>		
<b>List name, address and social security number of other persons authorized to access or use the account:</b>		
<b>1. Name:</b> _____ <b>Social Security No.:</b> _____ <b>Address:</b> _____		
<b>2. Name:</b> _____ <b>Social Security No.:</b> _____ <b>Address:</b> _____		
<b>FOR ERS USE ONLY</b>	<b>Pension #:</b>	<b>Identification Attached:</b> _____
<b>Received:</b> _____	<b>Processed:</b> _____	<b>Verified:</b> _____

**Benefit Recipient Certification:** I certify that I am the benefit recipient or that I have the authority to sign for the benefit recipient identified above and that I have read and understand the instructions in this form. In signing this form, I authorize my benefit payment to be sent to the named financial institution to be deposited to the designated account. In the event that the Bank of New York Mellon notifies the financial institution of funds to which I am not entitled were deposited to my account in error; I hereby authorize and direct the financial institution, on behalf of myself, any joint account holder, and my estate to reverse the transaction and return said funds to ERS immediately. I also authorize the release to ERS by the financial institution of my address and the names and addresses of all persons listed on the account.

**If a copy of your identification, the blank voided check or institutional documentation is not attached, the direct deposit request will not be processed.**

The account holder acknowledges responsibility for the return of any overpayment or error of funds.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Description of Instructions

1. **Complete Benefit Recipient's Contact Information:** Print recipient's first name, middle initial, last name, social security number, email address, phone number, and mailing address.
2. **Select Requested Action**  
**Begin:** if you are a new retiree or beneficiary or a current retiree or beneficiary who have been receiving your monthly benefit by check and you want to start direct deposit to your financial institution.  
**Change:** if you are changing your direct deposit from one financial institution to another.  
**Effective Date of Action:** Indicate the date you would like the action to occur. Changes take at least 30 days to process.
3. **Select Account Type**  
**Checking Account:** Attach a copy of your driver's license, State issued identification card, or passport along with a blank voided check (starter checks are not acceptable) or a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationary or letterhead.  
  
**Savings Account:** Attach a copy of your driver's license, State issued identification card, or passport along with a letter from the banking institution verifying your name, routing number and account number. This documentation must be on the financial institution's stationary or letterhead.
4. **Complete Authorized User Contact Information:** List the name, address and social security number of each person also authorized to access or use the account.

**Benefit Recipient's Certification:** To enroll for direct deposit, you (retiree or beneficiary) or an authorized person, such as an alternate payee, the attorney-in-fact, or the custodian for the minor child must include a photo identification (see section 3) and sign & date the Payroll Direct Deposit Request Form with all sections completed.

**How to Submit:** This completed form along with a copy of the photo identification and financial banking document should be sent to ERS either by fax to (443) 853-3767, email to [contacters@bcers.org](mailto:contacters@bcers.org) or mail to Employees' and Elected Officials' Retirement System, 7 E. Redwood Street, 13<sup>th</sup> Floor, Baltimore, MD 21202.

**Minor child:** A minor child below age 18 for whom a custodian has been designated under the Maryland Uniform Transfer to Minors Act, **cannot sign this form.** See Guardian/Custodian section below.

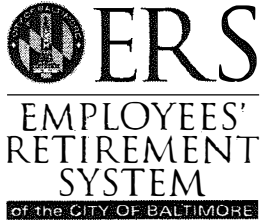
**Guardian/Custodian:** If you are guardian or custodian of a minor child who is an ERS benefit recipient, you may complete and sign this form. However, ERS must have a copy of the court order appointing the guardian or custodian on file to process the direct deposit request.

**Power of Attorney:** If you have power of attorney over the retirement affairs of the ERS benefit recipient, the attorney-in-fact may complete and sign this form. However, ERS must have an approved copy of the power-of-attorney on file to process the direct deposit request.

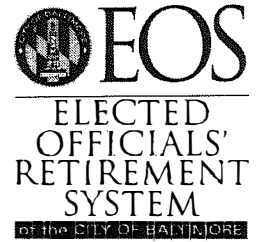
**Changing Financial Institution for Direct Deposit:** Your direct deposit arrangements will continue until ERS has been notified by you or by a person authorized by, you (see above) of a change to the financial institution receiving the direct deposit. To make a change, you or an authorized person, must complete a new Payroll Direct Deposit Request Form.

If you need assistance, please contact ERS at (443) 984-3200 or toll free at 1 (877) 273-7136.





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## **ACKNOWLEDGEMENT REEMPLOYMENT AFTER RETIREMENT**

I understand that if I am reemployed by the City of Baltimore, my retirement benefits will be terminated. I will be required to repay any and all retirement benefits received while reemployed, in accordance with Baltimore City Code, Article 22, sections 9(n) and 9.2(l). If I return to work as a contractual employee, I understand that:

- I am subject to an earnings limitation in accordance with City policy.
- The term of my contract must not exceed 1 year and 1200 paid hours per year.
- There must be a minimum of 90 calendar days between my last day on City payroll and the start date of my contract.

See Administrative Manual 212-1. I agree to notify the Board of Trustees of the Employees' and Elected Officials' Retirement Systems if I return to City employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Applicant

State of Maryland  
City of Baltimore

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to within the instrument and acknowledged that he/she executed the same for the purposes therein contained.

In witness hereof I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
[Seal]

\_\_\_\_\_  
Date