



STATE BOARD RETIREMENT PLAN
SBRP Supplemental Calculation – Part One
Section I – Notice of Intent to Retire

Information collected in this packet will help determine eligibility.

This form must be completed while the employee is an **active** participant in the State Board Retirement Plan (TIAA) and while making contributions through employment. If the employee separates from employment at a participating employer, or loses eligibility and ceases active participation in the plan prior to achieving eligibility to retire, no supplemental benefit will be calculated or due. Phased Retirement Program participants are not eligible for the benefit calculation until they have fully retired. Incomplete information will cause a delay in the decision.

Section A – Employee Information (college or retiree initiated)

Retiree’s Full Name: _____ Date of Birth: _____
 Date of Retirement: _____ Age at Retirement: _____ College Name: _____
 Social Security #: _____ Gender: _____ Are you retiring due to a disability? _____
 Personal Email: _____ Primary Phone #: _____
 Full Mailing Address: _____

Spouse’s Full Name (if none, write in N/A): _____
 Spouse’s Birth Date: _____ Phone: _____ Date: _____

List all Washington State Community and Technical Colleges and State Agencies where you were employed (list most recent first) – do not list employment prior to any breaks in service (cont. on separate page, if needed):

WA College/Agency	Approx. Start Date	Approx. End Date	Type of Employment	Type of Retirement
				SBRP/TIAA

<p>If you contributed to the Department of Retirement Systems (DRS), you must request and attach a calculation of “single life income option” if your funds <u>have not</u> been withdrawn – call DRS: 800-547-6657</p>	<p>By my signature below, I certify the above information is accurate to the best of my knowledge, and per the 401(a) Retirement Plan. I also confirm that I am <u>not</u> participating in the Phased Retirement Program.</p>
	<p style="text-align: center;"><i>Retiree’s Signature</i> <i>Date</i></p>

Deliver all forms to your benefits coordinator.

Section B – Employer Verification

Our office has reviewed and verified the above information. The SBRP participant named above has remained active in the plan upon retirement and has met the minimum eligibility criteria for participation in supplemental benefits laid out on the [State Board Supplemental Retirement Plan](#) web page and the [Plan Document](#).

Contact Name: _____ Email: _____ Date: _____

Mail original documents to: SBRP Administrator, PO Box 42495, Olympia, WA 98504.
SBCTC Use Only

Date received by SBCTC: _____ Effective Supplemental Benefit Retirement Date: _____



STATE BOARD RETIREMENT PLAN
SBRP Supplemental Calculation – Part One
Section II – Benefit Payment Option and Beneficiary Designation

Employee's Name: _____ College: _____

- Options 1, 2 and 3 provides an actuarially **reduced** benefit to the survivor.
- Payment options are irreversible once supplemental payments have begun.
- If a designation of a survivor's option is not made and the participant dies after age 62 but prior to retirement, any supplemental benefit payable shall be based on the two-thirds benefit to survivor option.

Retiree's Selection of Supplemental Benefit Option

For any supplemental benefit for which I may be eligible at retirement, or for which my designated beneficiary may be eligible in the event of my death prior to retirement, **I select the following option:**

<input type="checkbox"/>	Option #1	Two-Thirds Benefit to Survivor: You and your designated beneficiary (see below) receive a lifetime income. At the death of either, the payments are reduced to two-thirds of the amount that would have been paid had both lived; the two-thirds benefit continues to the survivor for life.
<input type="checkbox"/>	Option #2	Full Benefit to Survivor: You and your designated beneficiary (see below) receive a lifetime income. At the death of either, the payments continue to the survivor for life in the same amount that would have been paid if both had lived.
<input type="checkbox"/>	Option #3	Half Benefit to Spouse: You receive a lifetime income. If your spouse survives you, he or she receives for life, one-half the amount you would have received if you have lived. There is no reduction in your supplemental benefit your spouse dies first.
<input type="checkbox"/>	Option #4	Single Life: You receive a lifetime income. Payments cease upon your death. This option does not provide a survivor's benefit.

Beneficiary Designation for Options 1 and 2 – Skip if you selected Options 3 or 4

Beneficiary's Full Name: _____ Date of Birth: _____

Relationship to Retiree: _____ Gender: _____ SSN (if known): _____

Primary Phone: _____

Full Mailing Address: _____

Consent of Participant's SPOUSE (If none, write in N/A and skip to Retiree's Signature)		RETIREE'S Acknowledgement and Signature	
By my signature below, I (name) as the spouse of the retiree named above, acknowledge my awareness of the payment option chosen, and if applicable, the naming of the designated beneficiary. I am aware of the effect of this form and provide my consent.		By my signature below, I (name) as the retiree, acknowledge and give my consent to the information provided above. I am aware of the effect of this form and provide my consent.	
<i>Spouse's Signature</i>	<i>Date</i>	<i>Retiree's Signature</i>	<i>Date</i>
<i>Signature of Witness</i>	<i>Date</i>	<i>Signature of Witness</i>	<i>Date</i>
<i>Print Witness Name</i>	<i>City, State of Witness</i>	<i>Print Witness Name</i>	<i>City, State of Witness</i>

Employee – Deliver all forms to your benefits coordinator.
Employer – Mail original documents to: SBRP Administrator, PO Box 42495, Olympia, WA 98504