



**Watertown Contributory Retirement System**  
**RETIREMENT APPLICATION & PROCEDURES**  
**PLEASE REVIEW CAREFULLY**

Enclosed you will find the required paperwork to be filed with the office of the Watertown Retirement Board prior to the date of your retirement. *(Not more than 4 months prior to but at least 30 days in advance if possible.)*

- **APPLICATION FOR VOLUNTARY SUPERANNUATION RETIREMENT:**  
**Please complete BOTH SIDES.**

Indicate your retirement date as your last date of employment.

Your retirement benefits will become **effective the following day.**

- **CHOICE OF RETIREMENT OPTION FORM:**

It is essential that you fully understand all of your retirement options. Please consult the retirement board staff for a complete explanation of retirement benefits before making your option selection.

**IMPORTANT:** If Option C is elected, a copy of your designated beneficiary's Birth Certificate must be provided. If your spouse has been designated as the Option (C) Beneficiary, a copy of your Certificate of Marriage is required as well.

**IF YOU ARE MARRIED,** no option election will become valid until the "Spousal Acknowledgment" portion of this form is properly completed, signed, and witnessed, or all spousal notification requirements, as outlined in this portion of the form have been met.

**IF YOU ARE DIVORCED,** you are required to obtain and file with the Watertown Retirement Board an attested copy of your Judgment of Divorce.

- **MARITAL STATUS AFFIDAVIT**

This Affidavit must be completed, signed and witnessed regardless of marital status.

- **UNABLE TO LOCATE MEMBERSHIP CERTIFICATE FORM:**

If at all possible, please return the Membership Certificate issued to you when you first became a member of the Watertown Retirement System.

If you are unable to locate the certificate at this time, please sign and return this form.

- **SUBSTITUTE FEDERAL TAX FORM #W-4P**

- **MASS STATE WITHHOLDING FORM M4-P (with Instructions)**

- **REQUEST FOR DIRECT DEPOSIT OF MONTHLY PENSION CHECK**  
(DIRECT DEPOSIT IS REQUIRED ON ALL RETIREMENTS)

- **PUBLIC SERVICE RE-EMPLOYMENT LIMITATIONS**

It is important to become familiar with the earning limitations on post retirement public sector employment.

- **KEY ADDRESS AND PHONE NUMBER LISTING**

- **I've Filed My Papers.....What Happens Now???????**

# Application for Voluntary Superannuation Retirement

Form Last Revised: November, 2011

**Retirement Board:** Please place your address and phone number here. ▶

149 MAIN STREET

Street and Number

WATERTOWN

City/Town

MA

State

02472

Zip

617-972-6456

Phone #

Member's Last Name

First

M.I.

Social Security #

## Eligibility Requirements for Superannuation Retirement

If you are a member of Group 1 or 2, you are eligible to retire at any age with at least twenty years of creditable service. If you last became a member of a retirement system prior to January 1, 1978 you may, as a member in service, retire at 55 with any number of years of service. If you last became a member of a retirement system on or after January 1, 1978 and you have less than 20 years of creditable service, you must have at least ten years of creditable service and be at least age 55 to retire. If you are a member of Group 4, you are eligible to retire at any age with 20 years of creditable service or at age 55. The amount of your allowance depends on your age, creditable service, group classification and salary.

- If you are an active employee or on leave of absence, you can apply for retirement with the board no earlier than four months before your intended date of retirement.

## Applicant Information

To the  Retirement Board:

I respectfully request retirement for superannuation in retirement Group  as of  with  years and  months of creditable service under the provisions of G.L. c. 32, §§ 1-28.

## In connection with my application, I certify the following:

I AM RETIRING FROM

Agency or Department\*

Title/Position

MY PRESENT ADDRESS

Street and Number

City/Town

State

Zip

Phone #

Date of Birth

Social Security #

MY ADDRESS AFTER RETIREMENT (Enter only if different from present address)

Street and Number

City/Town

State

Zip

Phone #



<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

Employment History

Please supply all periods of service and specify any temporary or irregular service.

I was also employed by other governmental units/political subdivisions in the Commonwealth of Massachusetts as follows:

UNIT	DEPARTMENT	POSITION	DATES EMPLOYED	
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/>	To <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/>	To <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	From <input type="text"/>	To <input type="text"/>

• Are you presently receiving a retirement allowance from any retirement system of any governmental units/political subdivisions within the Commonwealth of Massachusetts?  Yes  No  
 If **yes**, please specify systems, date of retirement and retirement type.

• Are you a veteran?  Yes  No

If **yes**, please specify military branch and dates of active service.

• Have you been officially investigated for or charged with misappropriation of funds from your employer or convicted of any crime related to your office or position?  Yes  No  
 If **yes**, please provide documentation.

• If you are applying for retirement by reason of resignation, failure of re-election or reappointment, removal or discharge under the provisions of G.L. c. 32, § 10; please briefly summarize the facts:

• Have you engaged in the practice of shift substitution on or after October 26, 2011?  Yes  No

• I sign this application under the pains and penalties of perjury. I affirm that the information presented in this application is correct, complete and accurately presented. I understand that giving false or incomplete information may subject me to the loss of my benefits as well as civil and criminal penalties.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name (Print)

The following must be filed by you or your beneficiary with your retirement board:

- A properly completed *Application for Voluntary Superannuation Retirement* (this form).
- A properly completed *Choice of Retirement Option Form at Retirement*.
- A copy of your birth certificate, military discharge papers, marriage certificate, and/or other records applicable to your retirement.

\* For those retiring from regional or county retirement systems, please identify the community.

# Choice of Retirement Option Form at Retirement

Form Last Revised: March, 2002

**Retirement Board:** Please place your address and phone number here. ▶

Watertown Retirement Board  
Administration Building  
149 Main Street  
Watertown, MA 02472  
617-972-6456

## Member's Information

Member's Last Name (Print)

First

M.I.

Date

## Instructions

When you apply for retirement, you may select one of three retirement allowance payment Options (A, B or C). For the Option selection to be valid, this completed form must be filed with your retirement board:

- on or before the date the board receives your written application for retirement, or
- on or before the date your allowance becomes effective, or
- not more than 15 days after the board receives a written application for your involuntary retirement from your department head.

1. **You may change your Option selection before your retirement becomes effective by filing a new form.**
2. **You may not change your Option selection once your retirement becomes effective.**
3. *If no Option selection is made or none is in effect, your allowance will be paid under Option (B).*
4. *The spousal acknowledgement at the end of this form must be signed if you are married.*

## Selection of Retirement Option

After reviewing all retirement Options, please sign your name under only one of the Options.

### Option (A) No Payment to Beneficiary

Your retirement allowance will be approximately \$  annually for life and all payments will cease upon your death. This Option provides for a full retirement allowance payable in monthly installments during your lifetime. All allowance payments will cease upon your death and no benefits will be provided for any survivors.

### To the Retirement Board

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(a) of the General Laws which provides an allowance as explained above. I understand that this Option provides the largest possible payment to me under the retirement law and that all payments thereunder cease at my death. I also understand that by choosing this Option, I relinquish on the date that my retirement takes effect all claim to my total accumulated deductions with interest and that upon my death my beneficiary (or estate) will have no claim on these monies.

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security #



		<input type="checkbox"/>	
Member's Last Name	First	M.I.	Social Security #

**Option (B) Lump Sum Payment to Beneficiary**

Your retirement allowance will be approximately \$  annually for life. The payments under this Option are smaller than under Option (A). The annuity portion of your allowance is reduced to allow a lump sum benefit for your named beneficiary(ies). Upon your death, your named beneficiary(ies), or if there is no beneficiary living, the person or persons appearing in the judgment of the retirement board to be entitled thereto will be paid the unexpended balance of your annuity account. Please note that the contributions comprising the annuity account will be depleted within approximately twelve to fifteen years depending upon your age at retirement. The longer you live, the less will be paid to your beneficiary(ies) upon your death. If your account has been fully depleted, nothing will be paid. You may designate and change at any time, one or more beneficiaries to receive in designated proportions, or in the alternative, the lump sum Option (B) benefit. This Option takes effect upon your retirement and supercedes any prior beneficiary selections.

BENEFICIARY'S NAME	SSN OR TAX ID#	PERCENTAGE
<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %
<input style="width: 350px; height: 20px;" type="text"/>	<input style="width: 120px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/> %

**To the Retirement Board**

I choose to have my retirement allowance paid in accordance with the provisions of G.L. c 32, § 12(2)(b) which provides a cash refund annuity as explained above. I understand that this Option provides for a smaller retirement allowance for life but that if I die before the amount which I have received in annuity payments equals the sum of my total deductions with interest to the date of my retirement, the difference will be paid to my designated beneficiary(ies).

Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Member's Social Security #

**Option (C) Payment of Allowance to Beneficiary**

Your retirement allowance will be approximately \$  annually for life. Election of Option (C) provides for a monthly retirement allowance during your lifetime that is less than you would receive under either Option (A) or Option (B). Upon your death your designated beneficiary will be paid a monthly allowance for the remainder of his or her lifetime. That allowance will be equal to two-thirds of the allowance that you were receiving at the time of your death. The monthly allowance you receive under Option (C) is based upon life expectancy factors for you and your designated beneficiary. Only your spouse, former spouse who has not remarried, mother, father, sister, brother or child may be designated as your Option (C) beneficiary. The younger your beneficiary, the lesser the amount of your retirement allowance. If, after you retire, your Option (C) beneficiary predeceases you, you will thereafter be paid the full retirement allowance you would have received had you elected Option (A) at the time your retirement allowance became effective. This conversion is commonly referred to as the Option (C) "pop-up". Please note that after the Option (C) "pop-up" takes place you may not name another Option (C) beneficiary or choose another Option.

<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
Member's Last Name	First	M.I.	Social Security #

**To the Retirement Board:** I choose to have my retirement allowance paid in accordance with the provisions of G.L. c. 32, § 12(2)(c) which provides an allowance as explained above. I understand that this retirement allowance will be smaller than under Option (A) or Option (B) but that upon my death two-thirds of this allowance will be paid to the named beneficiary for said beneficiary's life.

Beneficiary's Name	<input type="text"/>	Date of Birth	<input type="text"/>
Relation to Member	<input type="text"/>	Social Security #	<input type="text"/>
Member's Signature	_____ Date _____		
Member's Social Security #	<input type="text"/>		

### Witness

**To the Retirement Board:** I have read this form with the member whose selection of an Option is made on this document and at his or her request have witnessed his or her signature thereto.

Witness' Signature	_____	Date	_____
Witness' Name (Print)	<input type="text"/>		

### Spousal Acknowledgment

For any member who is married, an election shall not be valid unless it is accompanied by the signature of the member's spouse indicating the member's spouse's knowledge and understanding of the retirement Option selected. The retirement board shall provide the member and spouse with detailed information regarding the benefit Option selected in order for the member and spouse to make an informed decision regarding said Option. If any member who is married files an election which is not so accompanied, the board shall within fifteen days notify the member's spouse by registered mail of the Option election and of the spouse's right to sign and return an acknowledgment of receipt and understanding of such information within thirty days after receipt of the acknowledgment. The election shall not take effect until it is accompanied by the signature of the member's spouse; provided, however, that no such signature shall be required if the spouse fails to submit such signed acknowledgment on or before the thirtieth day from receipt of the information from the retirement board. Such election made prior to the spousal notification may be changed in accordance with the spouse's understanding of the retirement allowance selected, or at any later time otherwise permitted under this chapter.

**IMPORTANT:** If you are the spouse of a member, please be certain you have read and understand the foregoing provision relating to your spouse's Option selection. If you do not understand any part of the Option selected by your spouse, please ask for an explanation from your spouse's retirement board. Your signature is not consent or approval, only an acknowledgement of the Option chosen by your spouse.

- Do not sign below unless you understand the Option selected by your spouse and the benefits to which you may or may not be entitled to at his/her death.

Spouse's Signature	_____	Date	_____
Spouse's Name (Print)	<input type="text"/>		



## Watertown Contributory Retirement System

### AFFIDAVIT OF MEMBER AS TO MARITAL STATUS UPON RETIREMENT

I, the undersigned member of the Watertown Retirement System, under oath, hereby represent to the Watertown Retirement Board as follows:

#### *Check All That Apply*

I am not married.

I am presently married to \_\_\_\_\_.  
My spouse has witnessed the Option Selection Form and has knowledge and understanding of the retirement option I have selected.

I was formerly married to \_\_\_\_\_,  
and divorced on \_\_\_\_\_ at \_\_\_\_\_. The Judgment  
of Divorce does \_\_\_ does not \_\_\_ obligate the Town of Watertown and/or the  
Watertown Retirement Board to pay retirement benefits to my former spouse or to  
children of this marriage. I agree to obtain and file with the Watertown Retirement  
Board an attested copy of my Judgment of Divorce and Divorce Agreement. [If  
divorced more than once, please provide information and documents for all  
divorces.]

***SIGNED UNDER THE PAINS AND PENALTIES OF PERJURY.***

\_\_\_\_\_  
DATE

\_\_\_\_\_  
MEMBER'S SIGNATURE

\_\_\_\_\_  
WITNESS

Watertown Retirement Board  
Administration Building  
149 Main Street  
Watertown, MA 02471-0199

Ladies & Gentlemen:

At this time I am unable to locate my Certificate of Membership in the Watertown Retirement System.

If and when I do locate it, I will return it to the office of the Watertown Retirement Board.

Sincerely,

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Signature

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Address

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Date





# Watertown Contributory Retirement System

## Substitute Form W-4P

Withholding certificate for pension or annuity payments

### PART 1

#### MEMBER DATA

Name.....First M. Last

Address....Number and street

City, State, Zip


### PART 2

#### FEDERAL TAX WITHHOLDING INSTRUCTIONS

#### IMPORTANT—PLEASE READ CAREFULLY:

- **Your retirement benefit is subject to federal income taxes.**  
Please use this form to instruct us whether you want us to withhold any amount from your monthly retirement benefit for federal income taxes, and, if so, how much.
- **You are liable for payment of federal income tax on the taxable portion of your pension.**  
If you elect not to have federal income tax withheld from your monthly benefit or if you do not have a sufficient amount withheld, you may be responsible for payment of estimated taxes. Additionally, if your withholding amount, if any, and/or payments of estimated taxes are not sufficient, you may be subject to tax penalties under the IRS's estimated tax rules.
- **Your tax withholding instructions, if any, will remain in effect until you change them, and you may change your instructions at any time during your retirement.**  
To change your withholding instructions, simply complete and submit a new Substitute Form W-4P.
- **If you do not complete this form, Federal Income Tax will be withheld at as if you were married claiming three (3) exemptions.**  
If the taxable portion of your monthly benefit is more than the withholding level for a married person claiming three dependents, and you do not complete this form, we are required by federal law to withhold at the rate set for a married taxpayer with three exemptions.
- **If you need help completing this form, please consult a tax expert or the IRS.**  
For the complete Form W-4P which includes a step-by-step worksheet please contact this office or visit the IRS website at [www.irs.gov](http://www.irs.gov).

All changes must be received by the 15th of each month in order to take effect in the next benefit payment. (for example, by June 15th for your June benefit payment).

Please indicate your federal tax withholding instructions by checking only ONE box below:

- I do **NOT** want any federal income taxes withheld from my monthly benefit.
- I want federal income taxes withheld from my monthly benefit based on the IRS tax tables and the marital status and number of exemptions claimed below, and I understand that the amount withheld will automatically change if and when the federal tax rates are adjusted (*complete a, b and c*):
- a) Marital status (check one).  Single  Married  Married, but withhold "Single" rate
- b) Total number of exemptions claimed (if left blank, zero will be used)
- c) Additional amount to be withheld, if any . . . \$  /MO
- I want federal income taxes withheld from my monthly benefit in the flat amount of: \$  /MO
- I understand that this amount WILL NOT be changed if and when the federal rates are adjusted. It will remain the same until another Substitute W-4P is completed and returned to the retirement office.

Signature

Date



**Watertown Contributory Retirement System**  
**REQUEST FOR DIRECT DEPOSIT**  
**OF**  
**MONTHLY RETIREMENT CHECK**

*(DIRECT DEPOSIT IS REQUIRED ON ALL RETIREMENTS)*

Please make arrangements to have my monthly retirement check deposited directly into my account held at the following:

<b>BANK NAME:</b>	
<b>Your Name:</b>	
<b>Your Address:</b>	
<b>City/State/Zip:</b>	
<b>Phone Number:</b>	
<b>Email address:</b>	

Please check one:

<input type="checkbox"/>	Checking	<i>Please provide a voided personal check</i>
<input type="checkbox"/>	Savings	<i>Please provide a savings account deposit slip</i>

- ❖ **IN ALL CASES THE RETIREE/BENEFICIARY NAME MUST APPEAR ON THE DOCUMENTS PROVIDED TO VERIFY THAT THEY ARE THE ACCOUNT HOLDER. STARTER CHECKS ARE NOT ACCEPTABLE FORMS OF VERIFICATION.**

<b>Signature:</b>	
<b>Date:</b>	

**IMPORTANT:** One pay period is required to set up the direct deposit account. Therefore, the first retirement check issued after you wish to establish the account, will be a **LIVE CHECK**. The following month your check will be directly deposited into your bank account. If you have any questions or concerns, feel free to contact our office.



## Watertown Contributory Retirement System

### MASSACHUSETTS STATE WITHHOLDING

Contributory Retirement Allowances administered under sections 1-28 of Massachusetts General Law Chapter 32, are **NOT** subject to Massachusetts State Tax. If you **DO NOT** elect to have state taxes withheld from your monthly retirement allowance, it is not necessary to complete this form.

<b>Your Name:</b>	
<b>Your Address:</b>	
<b>City/State/Zip:</b>	

Please withhold the following amount from my monthly retirement allowance for  
Massachusetts State Tax: \$ \_\_\_\_\_.

<b>Signature:</b>	
<b>Date:</b>	



## Watertown Contributory Retirement System

### **PUBLIC SERVICE RE-EMPLOYMENT LIMITATIONS**

In accordance with **Section 91** of Chapter 32 of the Massachusetts General Laws, there are two strict limitations on further public employment in the Commonwealth following your superannuation retirement from a public service position.

❖ **Earnings**

Your earnings for the period of re-employment in any calendar year, when added to your retirement allowance, cannot be greater than the salary currently being paid for the position from which you retired plus an additional \$15,000.00. (The additional \$15,000.00 is not utilized in the calculation in the first 12 months following retirement.)

❖ **Hours**

Your re-employment is limited to a period of up to **960 hours (approx. 18 hrs. per week)**, over a complete calendar year.

❖ **YOUR EMPLOYMENT MUST CEASE WHEN EITHER LIMITATION IS REACHED.**

❖ **Tracking of Earnings and Hours**

It is your responsibility to keep track of your hours and the money you earn while re-employed. If you think that you might exceed the restrictions contact the Watertown Retirement Board for a complete explanation of options.

❖ **Section 91**

- Applies to both superannuation and disability retirees.
- Applies to any public employment, regardless of whether or not it occurs in the same city or town from which you retired.
- Applies whether you choose to classify yourself as a "consultant" or "independent contractor".
- Limitations cannot be avoided by forming a company if the primary reason for the formation is to avoid the limitations.
- Earnings for "details" which are paid by city or town payroll are included in the limitations, regardless of whether the city or town ultimately bills a private entity for the work.

\_\_\_\_\_ *I have reviewed the Section 91 earning limitations and fully understand the restrictions as*  
( Initial) *outlined above.*

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

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



## Watertown Contributory Retirement System

**KEY ADDRESSES AND PHONE NUMBERS:**  
*PLEASE FILE IN A SAFE PLACE FOR FUTURE REFERENCE*

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If you have any questions regarding your health benefits, please direct all inquiries to the Town Auditor's Office at 617-972-6460.

### **WATERTOWN RETIREMENT BOARD**

Barbara A. Sheehan, Director

Phone: (617) 972-6456

Fax: (617) 923-3531

Toll Free: 1-888-972-6456

website: [www.watertownretirement.com](http://www.watertownretirement.com)

### **PUBLIC EMPLOYEE RETIREMENT ADMINISTRATION COMMISSION**

5 Middlesex Avenue, Suite 304

Somerville, MA 02145

(617) 666-4446

website: [www.mass.gov/perac](http://www.mass.gov/perac)

### **INTERNAL REVENUE SERVICE TAX PAYER ASSISTANCE**

1-800-829-1040

website: [www.irs.gov](http://www.irs.gov)

### **SOCIAL SECURITY ADMINISTRATION**

1-800-772-1213

website: [www.socialsecurity.gov](http://www.socialsecurity.gov)

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Administration Building • 149 Main Street • P.O. Box 199 • Watertown, MA 02471-0199

TEL (617) 972-6456 • FAX (617) 923-3531 • Toll Free # (888) 972-6456



## Watertown Contributory Retirement System

149 Main Street  
Watertown, MA 02472  
617-972-6456

### *I've filed My Retirement Papers.....What Happens Now????*

- A copy of your completed retirement paper packet will be mailed to you shortly after you file. Please keep the documents in a safe place for future reference.
- Filing of this application for retirement benefits does not replace notice to your employer of your plan to retire!!
- At a scheduled monthly meeting of the Watertown Retirement Board the Board will review and approve your application for retirement benefits.
- A letter will be sent to you confirming the Board's approval of your application.
- A copy of the confirmation letter will be sent to your Department Head. **Again, this should not replace your notification of your plan to retire.**
- One copy of the confirmation letter will be sent to the Auditor's office. This will notify them of you plan to retire in the event that you have not already done so. If you plan to continue on the Town's Health Plan, it is highly recommended that you consult with the Auditor's Office prior to your retirement date. All questions regarding health insurance should be directed to the Auditor's Office at **617-972-6460**.
- Compensation for un-used vacation time and sick leave buybacks are **employment issues**. All questions in this regard should be directed to your employer.
- If you are a member of the **Credit Union**, deposits to your savings / loan accounts can be made through your retirement check. Please consult the Credit Union directly at **617-924-0160** regarding all arrangements in this regard.
- Retirement checks are issued once a month, on the last business day of the month. Your first check will be a pre-note or LIVE CHECK. Direct Deposits will take effect the following month. You will receive monthly direct deposit receipts complete with monthly and YTD balances.
- Cost of Living Adjustments** (COLA's) are voted on by the Retirement Board at the beginning of each calendar year. The meeting where this vote takes place is publicly posted. If granted, the COLAs are payable effective July 1.
- Every two years you will receive a **retiree affidavit** requesting certain information to be kept on file here in the retirement office. These forms should be returned promptly.
- Employment after retirement** – There are two strict limitations on further public employment in the Commonwealth following your superannuation retirement from a public service position. Your earnings for the period of re-employment in any calendar year, when added to your retirement allowance, cannot be greater than the salary currently being paid for the position from which you retired AND your re-employment is limited to a period of up to 960 hours over a complete calendar year.
- Social Security** – included in your first pension check will be a letter for you to take to the Social Security Administration if and when you decide to file for benefits.

