



Retirement Application

For Michigan National Guard State Military Retirement

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN	DATE OF BIRTH
MAILING ADDRESS	DAYTIME TELEPHONE ()	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY, STATE, ZIP CODE	EMAIL ADDRESS	

Use this form to apply for your state military retirement benefits from the state of Michigan, authorize your tax withholding, and set up direct deposit for your pension. Please submit your retirement application no earlier than 3 months before your retirement effective date.

Section I – Retirement Eligibility

You must meet the following eligibility criteria to qualify for this retirement benefit to be payable to you.

- You served a minimum of 19 years, 6 months, and 1 day in the Michigan National Guard (Army or Air or both).
- You have separated from the Michigan National Guard.
- You are at least 55 years old.

Section II – Retirement Application

I wish to apply for Michigan National Guard state retirement benefits under the statutory authority of *Sec. 411, Public Act 150 of 1967, as amended*, which provides \$600 per year to the service member.

Your *retirement effective date* is the first day of the month following the month in which you have satisfied all eligibility requirements (see above) and have a complete retirement application on file with the Office of Retirement Services (ORS). Your retirement effective date is NOT your separation or discharge date.

Complete the following information.

SERVICE CATEGORY <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> BOTH	RANK	RETIREMENT EFFECTIVE DATE ____ / ____ / 20____
<input type="checkbox"/> I have received an HONORABLE DISCHARGE or separation. <i>Note: If other than an honorable discharge or separation, provide a full explanation of the circumstances with this application.</i>		DISCHARGE DATE

Marital Status: If you're married, complete your spouse's information below; otherwise put NONE in the name box.

SPOUSE'S NAME (LAST, FIRST, M.I.)	SPOUSE'S SOCIAL SECURITY NUMBER	SPOUSE'S BIRTHDATE (MM/DD/YYYY)
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Section III – Income Tax Withholding Authorization

This authorization is effective with your first pension payment and continues until you change your withholding online through miAccount or file a new form. If you leave the Federal section blank, ORS must withhold taxes as if you are married claiming three allowances.

Federal Tax Withholding – Your Michigan military pension is subject to federal income tax.	
1. Check here if you don't want any federal income tax withheld from your pension. If you check this box don't complete lines 2, 3 or 4.	<input type="checkbox"/>
2. Total number of allowances you are claiming for federal withholding from each pension payment.....	_____ (allowances)
3. What is your federal withholding status? (Required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher "Single" rate	
4. Dollar amount, if any, you want withheld from each pension payment in addition to your standard federal withholding amount. You must enter a number on line 2 (including 0) BEFORE you fill out line 4.	\$ _____

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Name: _____

SSN or Member ID: _____

Michigan National Guard State Military Retirement Application (continued)

Michigan Tax Withholding – Your Michigan military pension is exempt from Michigan income tax.	
5. Check here if you do not want any Michigan income tax withheld from your monthly pension. If you check this box, make sure you sign in Section V below (don't complete lines 6-11 below).	<input type="checkbox"/>
Check only ONE box below. For joint filers, select the box for the age of the older spouse.	
6. Check here if you (or your spouse) were born before 1946. If checked, your pension is exempt from Michigan income tax.	<input type="checkbox"/>
7. Check here if you (or your spouse) were born between 1946 and 1952. If checked, the first \$20,000 of Michigan non-military pension benefits (\$40,000 if married) will be subtracted from your taxable income.	<input type="checkbox"/>
8. Check here if you (or your spouse) were born after 1952. If checked, your Michigan non-military pension is taxed at the current rate.	<input type="checkbox"/>
9. Enter number of personal and dependent exemptions you are claiming. Only claim each exemption once, even if you submit more than one Michigan withholding form.	(exemptions)
10. What is your Michigan withholding status? (Required) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher "Single" rate	
11. Dollar amount, if any, you want withheld from each pension payment in addition to your standard Michigan withholding amount. You must enter a number on line 9 (including 0) BEFORE you fill out line 11.	\$ _____

Section IV – Enrolling in Direct Deposit

Record your direct deposit account information below.

By submitting this completed form, I authorize ORS to deposit my net monthly pension directly into the designated financial institution(s) and account(s). This authorization remains in effect until canceled by: a) me; b) my death or legal incapacity; c) the financial institution; or d) the state of Michigan.

Financial Institution and Account Designation

You can have your pension payment sent electronically to one or two accounts, either at the same or different financial institutions. Provide all of the information requested below. The bank's routing number is usually the 9-digit number found in the bottom left corner of your checking account check; your account number is the other set of digits that doesn't match the check number. Call your bank if you need help.

NAME OF FINANCIAL INSTITUTION #1		INSTITUTION'S TELEPHONE NUMBER ()	
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
CITY, STATE, ZIP		INSTITUTION #1 PENSION AMOUNT _____ % OR \$ _____	
BANK ROUTING NUMBER (CANNOT START WITH "5")		ACCOUNT NUMBER	
NAME OF FINANCIAL INSTITUTION #2 (If this is the same as Institution #1, write "SAME" below.)		INSTITUTION'S TELEPHONE NUMBER ()	
FINANCIAL INSTITUTION MAILING ADDRESS		CHECK ONLY ONE <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	
CITY, STATE, ZIP		INSTITUTION #2 PENSION AMOUNT Balance of Pension	
BANK ROUTING NUMBER (CANNOT START WITH "5")		ACCOUNT NUMBER	

Section V – Certification

By my signature below, I certify I meet the required eligibility of having served 19 years, 6 months, and 1 day in the Michigan National Guard, I am or will be at least 55 years old by my requested retirement effective date, and all of the above statements are true and correct. I wish to apply for retirement from service with the Michigan National Guard.

I also authorize the selections made in the Income Tax Withholding Authorization and my designation(s) for direct deposit. By using direct deposit, I authorize ORS to recover money electronically deposited in my account(s) in error, either by adjusting the account(s) or withholding any future payments. I understand I will be notified in writing if adjustments are made.

Applicant Signature: _____ Date: _____

Return application to: ORS, P.O. Box 30171, Lansing MI 48909-7671