



Retirement Application for Spousal Benefits

For Michigan National Guard State Military Retirement

YOUR NAME (LAST, FIRST, M.I.)	YOUR SOCIAL SECURITY NUMBER	YOUR BIRTH DATE (MM/DD/YYYY)
MAILING ADDRESS	DAYTIME TELEPHONE ()	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
CITY, STATE, ZIP CODE	EMAIL ADDRESS	

As the surviving spouse of a former member of the Michigan National Guard, you may be entitled to military survivor retirement benefits from the state of Michigan. Survivor benefits of \$500 per year may be payable under the following statutory authority: Sec. 411(3), Public Act 150 of 1967, as amended. To apply for these benefits, authorize your tax withholding, and set up direct deposit for your pension, complete this application and send it with all required proofs to the Office of Retirement Services (ORS).

Section I – Retirement Eligibility

Your spouse must have met the following eligibility criteria for you to qualify for a survivor’s retirement benefit.

- Served a minimum of 19 years, 6 months, and 1 day in the Michigan National Guard (Army or Air or both).
- Separated from the Michigan National Guard.
- Was at least 55 years old at the time of death.

Section II – Retirement Application

Complete the following information regarding your spouse.

SPOUSE’S NAME (LAST, FIRST, M.I.)	SPOUSE’S SSN OR MEMBER ID	SPOUSE’S BIRTH DATE (MM/DD/YYYY)
SERVICE CATEGORY <input type="checkbox"/> Air National Guard <input type="checkbox"/> Army National Guard <input type="checkbox"/> BOTH	RANK	DISCHARGE DATE
<input type="checkbox"/> Spouse 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>		

Additional Documentation Required. You must include all of the following documents with your application:

- Copy of your spouse’s death certificate
- Proof of your birth (photocopy of birth certificate, baptismal certificate, or passport)
- Photocopy of your marriage certificate

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.	\$ _____

Continued on page 2



Name: _____

SSN or Member ID: _____

Michigan National Guard State Military Retirement Application for Spousal Benefits (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 my spouse met the required eligibility of having served 19 years, 6 months, and 1 day in the Michigan National Guard, was at least 55 years old at the time of death, and all of the above statements and attached documents are true and correct. I wish to apply for survivor retirement benefits 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 and all required documents to: **ORS, P.O. Box 30171, Lansing MI 48909-7671**