



# MICHIGAN OFFICE OF RETIREMENT SERVICES

P.O. Box 30171 · Lansing, MI 48909-7671

Michigan.gov/ORS

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## Retirement Benefits Waiver — For State Employees who are elected or appointed officials only\*

MEMBER'S NAME (LAST, FIRST, M.I.)	MEMBER ID OR SSN
MAILING ADDRESS	DAYTIME TELEPHONE
CITY, STATE, ZIP CODE	EMAIL ADDRESS

**Instructions:** As an elected or appointed official\*, you may use this form to revoke your participation in the Tier 2 defined contribution plan. Your signature must be notarized. **No visible corrections or erasures are permitted. If you make a mistake, contact ORS for another copy.**

\*This does not apply to an appointed state official who is a member of a state board, commission, or council and who receives a per diem rate.

**Certification-  -Signature must be notarized below. Do not sign until you are before a Notary Public.**

**Applicant's Certification:** *I certify that I am irrevocably electing to not become a qualified participant in the State Employees' Retirement System's Tier 2 defined contribution retirement plan, as provided under section 61 of the State Employees' Retirement Act, MCL 38.61, by filing this notice of my election. I understand that, by signing and filing this irrevocable election, my employer, the State of Michigan, shall not contribute any percentage of compensation to a Tier 2 account on my behalf.*

APPLICANT'S SIGNATURE (REQUIRED)	DATE SIGNED (REQUIRED)
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### Applicant's Signature Notarization

**Notary Public:** Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

County of \_\_\_\_\_, State of \_\_\_\_\_

My commission expires \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_