



MICHIGAN OFFICE OF RETIREMENT SERVICES

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

Michigan.gov/ORS

Toll Free: 800-381-5111

Fax: 517-284-4416

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 – 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



Name: _____

SSN or Member ID: _____

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CITY, STATE, ZIP	INSTITUTION #2 PENSION AMOUNT Balance of Pension
BANK ROUTING NUMBER (CANNOT START WITH "5")	ACCOUNT NUMBER

Section IV – Income Tax Withholding

Please complete the federal and Michigan income tax withholding forms and return them to ORS. We can't process your retirement application until we receive these forms. They're available in the Forms and Publications section of our website at Michigan.gov/ORSMilitary.

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 my designation(s) for direct deposit and the selections made in the Income Tax Withholding Authorization. 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
Or Fax: 517-284-4416