**Little Rock Non-Uniform Defined Benefit 2014 Plan**

**Retirement Application**

To be completed by employee:

Employee name (printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of retirement \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last work day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please see banked time totals attached: PTO\_\_\_\_\_ STD\_\_\_\_\_ Vacation \_\_\_\_\_ Sick \_\_\_\_\_ Bonus \_\_\_\_\_ Comp \_\_\_\_\_

I wish to (check all that apply & designate amount or hours):

\_\_\_\_\_\_ Cash out banked time Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Rollover banked time to 457 Plan/AR Diamond Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(amount subject to IRS annual maximum)

\_\_\_\_\_\_ Use banked time to purchase DB14 service Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ Continue my salary using Vacation/PTO time Amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To be completed by City of Little Rock Human Resources:

Total service credit eligible for purchase:

City service: Years \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Days \_\_\_\_\_\_\_\_\_\_\_\_

Other government service (up to 5 years): Years \_\_\_\_\_\_\_\_\_\_\_\_ Months \_\_\_\_\_\_\_\_\_\_\_\_

(Employee must provide documentation of eligible service from previous employer/agency)

Implied cost (actuarial amount) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Implied Cost is based on actuarial factors including age, salary and average monthly compensation. The amount will change as any of those factors change prior to completing the requested purchase.

**Return to Human Resources Benefits, fax 501-371-4496**

Form # NUDB\_6/06.12.15