

Questions pertaining to retirement benefits should be directed to Retirement, 140 Nisbet Building, 353-4434.  
 Questions concerning consultants should be referred to Academic Human Resources, 110 Nisbet Building, 355-1526.

Just before your retirement date the Retirement Office will contact you by mail regarding benefit information and, if applicable, include forms to complete if you are eligible for a pension benefit from the University's Non-Contributory Retirement Plan (UNCRP).

Please contact your fund sponsor(s) for payout options and the necessary forms to complete in order to begin income from the MSU Base Retirement Plan.

Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Position # \_\_\_\_\_  
LAST, FIRST MIDDLE Date of Birth \_\_\_\_\_

Spouse/Partner Name \_\_\_\_\_ Soc Sec # \_\_\_\_\_ Date of Birth \_\_\_\_\_  
LAST, FIRST MIDDLE

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
STREET, CITY, STATE, ZIP CODE

Position/Rank 1 \_\_\_\_\_ Emeritus Title 1 \_\_\_\_\_ Emeritus  
 Position/Rank 2 \_\_\_\_\_ Emeritus Title 2 \_\_\_\_\_ Emeritus  
 Position/Rank 3 \_\_\_\_\_ Emeritus  
 Position/Rank/Title (freeform, optional) \_\_\_\_\_ Emeritus

Primary Department Name	Code	Second Department Name	Code	Other Department Name	Code	Other Department Name	Code
Primary College Name	Code	Second College Name	Code	Other College Name	Code	Other College Name	Code

**I request retirement effective** \_\_\_\_\_  
MONTH, DAY, YEAR

(AY retirement is effective on January 1, February 16, July 1, or August 16. AY retiring January 1 receive pay for December 1 through February 15 in the December paycheck. AY retiring July 1 receive pay for May 1 through August 15 in the May paycheck.)

**I was appointed prior to January 1, 1992. I request:**

(Tenure system faculty members appointed prior to January, 1992 may serve their final year before retirement on a terminal consultancy upon recommendation of the department Chairperson/School Director and Dean.)

A one-year consultancy with agreed upon duties from \_\_\_\_\_ through \_\_\_\_\_  
MONTH, YEAR MONTH, YEAR

An outline of the agreed-upon duties and responsibilities must be signed by the Chairperson/Director and Dean and attached. By the end of the consultancy a report on the activities and accomplishments during the consultancy must be submitted to the unit administrator.

Dates of last Sabbatical leave \_\_\_\_\_ through \_\_\_\_\_  
MONTH, DAY, YEAR MONTH, DAY, YEAR

I understand that I may revoke this application only if I do so within 7 days after signing it.

Faculty/Academic Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Recommended by:

Primary Chairperson/Director Signature	Date	Second Chairperson/Director Signature	Date	Other Chairperson/Director Signature	Date
Primary Dean/Adm. Head Signature	Date	Second Dean/Adm. Head Signature	Date	Other Dean/Adm. Head Signature	Date
Provost Signature	Date				

**DO NOT WRITE BELOW**

**Vested:** 15/62 or 25 or EM    **Contribution %:** 100% 75% 50%    **PDU:** Has Eligible None    **Basis:** AY AN  
**UNCRP Option Sel:** none single half full 2/3rds lump sum    **UNCRP Grp Cd:** none frozen comparison