

Your WRS Benefits

Steve Norris, Trust Funds Specialist

Retirement Overview

- Retirement Pension: Calculation methods, annuity options, application form, annual adjustments
- Beneficiary forms / standard sequence
- Ways to enhance WRS retirement benefits
- Group health insurance



WRS Retirement Benefits

- An annuity is a Wisconsin Retirement System (WRS) benefit paid monthly
- WRS annuities are paid to members for LIFE*

* Exception: Annuity Certain Options from Additional Contributions



WRS Retirement Benefits

- WRS pays the higher of:
 - Money Purchase Calculation or
 - Formula Calculation
- Annuity/Lump Sum availability is restricted
 - \$218 - \$449 (2021)

Estimates and Application

Money Purchase Calculation

PLEASE COMPLETE IN
BLACK OR BLUE INK

Department of Employee Trust Funds
Wisconsin Retirement System
P. O. Box 7931 - Madison, WI 53707-7931

RETIREMENT BENEFIT ESTIMATES AND APPLICATION

Wis. Stat. §§ 40.23, 40.24, 40.25; 42.49, 42.242 (7), 1979 Stats.

Name	Birthdate	Social Security Number	P 01 003
Address			
Date of Estimate	Effective Date of Annuity	Your Age on Effective Date	
11/04/2010	06/10/2011	56 4	
Normal Retirement Age	Benefit Calculation Type	Formula Factor(s) Used in Your Estimates	
65	MONEY PURCHASE	.01600 .01765 .01600 .01765	

If information above is incorrect, please make corrections.

SERVICE AND EARNINGS

SERVICE YEARS BY CATEGORY, INCLUDING MILITARY SERVICE				MILITARY SERVICE ONLY		
Employment Category	Before 2000	After 1999	Total Years for Category	Before 2000	After 1999	Total Years of Military Service
Three Highest Years of Earnings Earnings Years of Service Final Average Monthly Earnings SERVICE AND EARNINGS DO NOT APPLY TO MONEY PURCHASE CALCULATIONS						

BENEFIT PAYMENT OPTIONS (based on above data)

Check only one box for your Monthly Retirement Benefit. Check only one box under Employee Additional Contributions Benefit if you want to apply for your employee additional contributions at this time.

Life Annuity Options:	MONTHLY RETIREMENT BENEFIT				EMPLOYEE ADDITIONAL CONTRIBUTIONS BENEFIT				
	Regular	OR	Accelerated Payments Until Age 62	OR	Accelerated Payments After Age 62				
• For Annuitant's Life Only	<input type="checkbox"/>	\$1,505	OR	<input type="checkbox"/>	\$2,021	\$1,239	<input type="checkbox"/>	N/A	01
• Life with 60 Payments Guaranteed	<input type="checkbox"/>	\$1,500	OR	<input type="checkbox"/>	\$2,018	\$1,236	<input type="checkbox"/>	N/A	02
• Life with 180 Payments Guaranteed	<input type="checkbox"/>	\$1,465	OR	<input type="checkbox"/>	\$1,989	\$1,207	<input type="checkbox"/>	N/A	04
Joint and Survivor Annuity Options:									
Named survivor, birthdate and relationship used in estimate: _____ 06/15/1954 SPOUSE									
• 75% Continued to Named Survivor*	<input type="checkbox"/>	\$1,392*	OR	<input type="checkbox"/>	\$1,928	\$1,146*	<input type="checkbox"/>	N/A	07
• 100% Continued to Named Survivor	<input type="checkbox"/>	\$1,357	OR	<input type="checkbox"/>	\$1,900	\$1,118	<input type="checkbox"/>	N/A	11
• Reduced 25% on Death of Annuitant or Named Survivor*	<input type="checkbox"/>	\$1,431*	OR	<input type="checkbox"/>	\$1,961	\$1,179*	<input type="checkbox"/>	N/A	09
• 100% Continued to Named Survivor with 180 Payments Guaranteed	<input type="checkbox"/>	\$1,356	OR	<input type="checkbox"/>	\$1,899	\$1,117	<input type="checkbox"/>	N/A	12
							<input type="checkbox"/>		29
							<input type="checkbox"/>		30
							<input type="checkbox"/>		31
							<input type="checkbox"/>		21
							<input type="checkbox"/>		50

JOINT AND SURVIVOR INFORMATION (This is not a Beneficiary Designation.)

Complete this information only if you select a Joint and Survivor Annuity option above, even if that person's name is shown above. Do not complete this section if you have selected a Life Annuity or Lump Sum option above.

Named Survivor Name: Last, First, Middle		Named Survivor Social Security Number
Named Survivor Birthdate	Named Survivor Sex	Relationship to Applicant

ET-4301 (REV 11/2008)

MAKE A COPY FOR YOUR RECORDS. SUBMIT ENTIRE ORIGINAL COPY OF FORM.

PAGE 1 OF 4

2010 FIX EST 0.000% / 2010 VAR EST 0.000% / 2011 FIX PRO 2.083% / 2011 VAR PRO 2.083%



Money Purchase Calculation

- Money Purchase balance at retirement
- Money Purchase factor –
 - age 56 years, 4 months
- “For Annuitant’s Life Only” annuity option

\$215,000.00

X 0.00563

\$1,210

Estimates and Application

Formula Calculation

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BLACK OR BLUE INK

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Wisconsin Retirement System
P. O. Box 7931 - Madison, WI 53707-7931

RETIREMENT BENEFIT ESTIMATES AND APPLICATION

Wis. Stat. §§ 40.23, 40.24, 40.25; 42.49, 42.242 (7), 1979 Stats.

Name	Birthdate	Social Security Number	P01 002
Address			
Date of Estimate	Effective Date of Annuity	Your Age on Effective Date	
11/03/2010	06/10/2011	56 4	
Normal Retirement Age	Benefit Calculation Type	Formula Factor(s) Used in Your Estimates	
65	FORMULA	.01600 .01765 .01600 .01765	

If information above is incorrect, please make corrections.

SERVICE AND EARNINGS

SERVICE YEARS BY CATEGORY, INCLUDING MILITARY SERVICE				MILITARY SERVICE ONLY		
Employment Category	Before 2000	After 1999	Total Years for Category	Before 2000	After 1999	Total Years of Military Service
GENERAL	11.24		11.24			
EDUC SUPPORT PERSONNEL	2.11	10.47	12.58			

Three Highest Years of Earnings		Years of Service	Final Average Monthly Earnings
Year	Earnings		
2010-11	\$53,005	1.00	\$3,944
2009-10	\$47,200	1.00	
2008-09	\$34,708	.85	

BENEFIT PAYMENT OPTIONS (based on above data)

Check only one box for your Monthly Retirement Benefit. Check only one box under Employee Additional Contributions Benefit if you want to apply for your employee additional contributions at this time.

Life Annuity Options:	MONTHLY RETIREMENT BENEFIT				EMPLOYEE ADDITIONAL CONTRIBUTIONS BENEFIT	
	Regular	OR	Accelerated Payments Until Age 62	After Age 62		
• For Annuitant's Life Only	<input type="checkbox"/> \$1,396	OR	<input type="checkbox"/> \$2,035	\$1,068	<input type="checkbox"/> N/A	01
• Life with 60 Payments Guaranteed	<input type="checkbox"/> \$1,392	OR	<input type="checkbox"/> \$2,032	\$1,065	<input type="checkbox"/> N/A	02
• Life with 180 Payments Guaranteed	<input type="checkbox"/> \$1,360	OR	<input type="checkbox"/> \$2,008	\$1,041	<input type="checkbox"/> N/A	04

Joint and Survivor Annuity Options:

Named survivor, birthdate and relationship used in estimate: _____ 06/01/1956 SPOUSE

• 75% Continued to Named Survivor*	<input type="checkbox"/> \$1,279*	OR	<input type="checkbox"/> \$1,946	\$979*	<input type="checkbox"/> N/A	07
• 100% Continued to Named Survivor	<input type="checkbox"/> \$1,245	OR	<input type="checkbox"/> \$1,920	\$953	<input type="checkbox"/> N/A	11
• Reduced 25% on Death of Annuitant or Named Survivor*	<input type="checkbox"/> \$1,309*	OR	<input type="checkbox"/> \$1,969	\$1,002*	<input type="checkbox"/> N/A	09
• 100% Continued to Named Survivor with 180 Payments Guaranteed	<input type="checkbox"/> \$1,244	OR	<input type="checkbox"/> \$1,919	\$952	<input type="checkbox"/> N/A	12
					<input type="checkbox"/>	29
					<input type="checkbox"/>	30
					<input type="checkbox"/>	31
					<input type="checkbox"/>	21
					<input type="checkbox"/>	50

* The amount shown is prior to 25% reduction upon death.

JOINT AND SURVIVOR INFORMATION (This is not a Beneficiary Designation.)

Complete this information only if you select a Joint and Survivor Annuity option above, even if that person's name is shown above. Do not complete this section if you have selected a Life Annuity or Lump Sum option above.

Named Survivor Name: Last, First, Middle		Named Survivor Social Security Number
Named Survivor Birthdate	Named Survivor Sex	Relationship to Applicant

ET-4301 (REV 11/2008)

MAKE A COPY FOR YOUR RECORDS. SUBMIT ENTIRE ORIGINAL COPY OF FORM.

PAGE 1 OF 4

2010 FIX EST 0.000% / 2010 VAR EST 0.000% / 2011 FIX PRO 2.083% / 2011 VAR PRO 2.083%

Formula Calculation

- Final Average Earnings - Monthly
 - 3 highest earnings years*
- Formula Factors**
- WRS Creditable Service
- Subtotal #1
- Age Reduction Factor**
- Subtotal #2
- Variable Excess or Deficiency
- “For Annuitant’s Life Only” Option

\$3,652	
Pre-2000	Post-1999
X 0.01765	X 0.016
X 13.35	X 13.91
\$1,673	
X 0.885	
\$1,481***	
+ 24	
\$1,505	

*Can be calendar or fiscal years **General/Teacher Category *** Subject to formula maximum

Retirement Benefits

- Compare calculation examples:
 - Money Purchase = \$1,210
 - Formula Calculation = \$1,505
- Participant *automatically* receives the higher amount from the two calculations for their monthly annuity

Monthly Annuity Payment Options

• For Annuitant's Life Only	\$1,505
• Life w/60 Payments Guaranteed	\$1,500
• Life w/180 Payments Guaranteed	\$1,465
<hr/>	
• 75% Continued to Named Survivor	\$1,392
• 100% Continued to Named Survivor	\$1,357
• Reduced 25% on Death of Annuitant or Named Survivor	\$1,431
• 100% Continued to Named Survivor with 180 Payments Guaranteed	\$1,356

Monthly Annuity Payment Options

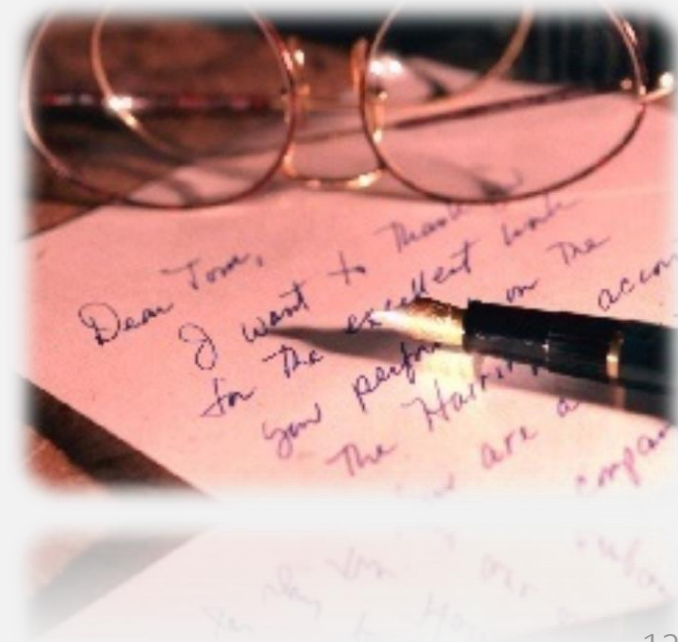
	Regular	Accelerated Payments	
		To Age 62*	After Age 62
For Annuitant's Life Only	\$1,505	\$2,021	\$1,239
Life with 60 Payments Guaranteed	\$1,500	\$2,018	\$1,236
Life with 180 Payments Guaranteed	\$1,465	\$1,989	\$1,207
75% Continued to Named Survivor	\$1,392	\$1,928	\$1,146
100% Continued to Named Survivor	\$1,357	\$1,900	\$1,118
Reduced 25% on Death of Annuitant or Named Survivor	\$1,431	\$1,961	\$1,179
100% Continued to Named Survivor with 180 Payments	\$1,356	\$1,899	\$1,117

*If annuitant dies before age 62, temporary annuity is paid until annuitant would have reached 62

Estimated Social Security = \$782

Changing Annuity Payment Option:

A written request must be received by the Department within **60 days** after the date of your first payment.



Beneficiaries

- Not paid according to will
- Paid according to most recent beneficiary designation on file with ETF
- If no beneficiary designation form on file, “Standard Sequence” applies



Standard Sequence

Group 1 Surviving Spouse or Domestic Partner

Group 2 Children (natural or legally adopted):

If one of your children dies before you, that child's share is divided between the deceased child's children.

Group 3 Parent(s)

Group 4 Brother(s) and Sisters(s):

If one of your siblings dies before you, that sibling's share is divided between the deceased sibling's children.

Group 5 Estate

Any benefits payable by the Wisconsin Retirement System and Life Insurance program at my death shall be paid in EQUAL SHARES, unless otherwise specified, to the following primary beneficiary(ies) who survive me.

PRIMARY

Name (First, Middle I., Last)	Relationship	Birth date (MMDDYY)	SSN	Address (street, city, state, ZIP code)
Person A	If someone dies... Remaining beneficiaries split the entire benefit	/	- -	
Person B		/	- -	
Person C		/	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

Beneficiary Designation (Form ET-2320)

SECONDARY

		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

TERTIARY

In the event all primary and secondary beneficiaries die before me, the death benefit shall be paid in equal shares, unless otherwise specified, to the following tertiary beneficiaries who survive me.

Name (First, Middle I., Last)	Relationship	Birth date (MMDDYY)	SSN	Address (street, city, state, ZIP code)
		/ /	- -	
		/ /	- -	
		/ /	- -	
		/ /	- -	

If you want this designation to apply only to specific benefit plan(s) or account(s), use this space to specify the benefit plan(s) or account(s) to which you want this designation to apply. See "Effective for all benefit plans and accounts" section on the reverse side before completing this section.

I understand that Wis. Stat. § 943.395 provide criminal penalties for making false or fraudulent claims on this form and hereby certify to the best of my knowledge and belief, the above information is true and correct.

SIGN DATE

Note: The date the form is signed is not the date it becomes effective. A Beneficiary Designation form does not become effective until received and approved by the Department of Employee Trust Funds. The person filing the designation must still be alive when ETF receives the form. An acknowledgment will be sent when this designation has been reviewed and accepted. Invalid designations will be rejected and returned to you.



Any benefits payable by the Wisconsin Retirement System and Life Insurance program at my death shall be paid in EQUAL SHARES, unless otherwise specified, to the following primary beneficiary(ies) who survive me.

PRIMARY	Name <i>Last, First, Middle</i>	Relationship	Birthdate (MMDDCCYY)	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>
	Child A	If Child A passes away before you			
	Child B				

If the aforesaid Child A (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.

Name <i>Last, First, Middle</i>	Relationship	Birthdate (MMDDCCYY)	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>
Grandchild A	} Will split Child A's share			
Grandchild B				
Grandchild C				

If the aforesaid _____ (name) dies before me, the benefit which would have been payable to them shall be paid in equal shares to those listed below.

PRIMARY	Name <i>Last, First, Middle</i>	Relationship	Birthdate (MMDDCCYY)	Soc. Sec. No.	Address <i>Street, City, State, Zip</i>



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11/03/2010	06/10/2011	56 4	
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Employment Category	Before 2000	After 1999	Total Years for Category	Before 2000	After 1999	Total Years of Military Service
GENERAL	11.24		11.24			
EDUC SUPPORT PERSONNEL	2.11	10.47	12.58			

Year	Three Highest Years of Earnings	Years of Service	Final Average Monthly Earnings
2008-09	\$46,038	1.00	\$3,652
2007-08	\$43,888	1.00	
2009-10	\$41,544	1.00	

BENEFIT PAYMENT OPTIONS (based on above data)

Check only one box for your Monthly Retirement Benefit. Check only one box under Employee Additional Contributions Benefit if you want to apply for your employee additional contributions at this time.

Life Annuity Options:	MONTHLY RETIREMENT BENEFIT				EMPLOYEE ADDITIONAL CONTRIBUTIONS BENEFIT				
	Regular	OR	Accelerated Payments Until Age 62	After Age 62					
• For Annuitant's Life Only	<input type="checkbox"/>	\$1,396	OR	<input type="checkbox"/>	\$2,035	\$1,068	<input type="checkbox"/>	N/A	01
• Life with 60 Payments Guaranteed	<input type="checkbox"/>	\$1,392	OR	<input type="checkbox"/>	\$2,032	\$1,065	<input type="checkbox"/>	N/A	02
• Life with 180 Payments Guaranteed	<input type="checkbox"/>	\$1,360	OR	<input type="checkbox"/>	\$2,008	\$1,041	<input type="checkbox"/>	N/A	04

Joint and Survivor Annuity Options:
Named survivor, birthdate and relationship used in estimate: _____ 06/01/1956 SPOUSE

• 75% Continued to Named Survivor*	<input type="checkbox"/>	\$1,279*	OR	<input type="checkbox"/>	\$1,946	\$979*	<input type="checkbox"/>	N/A	07
• 100% Continued to Named Survivor	<input type="checkbox"/>	\$1,245	OR	<input type="checkbox"/>	\$1,920	\$953	<input type="checkbox"/>	N/A	11
• Reduced 25% on Death of Annuitant or Named Survivor*	<input type="checkbox"/>	\$1,309*	OR	<input type="checkbox"/>	\$1,969	\$1,002*	<input type="checkbox"/>	N/A	09
• 100% Continued to Named Survivor with 180 Payments Guaranteed	<input type="checkbox"/>	\$1,244	OR	<input type="checkbox"/>	\$1,919	\$952	<input type="checkbox"/>	N/A	12
							<input type="checkbox"/>		29
							<input type="checkbox"/>		30
							<input type="checkbox"/>		31
							<input type="checkbox"/>		21
							<input type="checkbox"/>		50

* The amount shown is prior to 25% reduction upon death.

JOINT AND SURVIVOR INFORMATION (This is not a Beneficiary Designation.)

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Named Survivor Name: Last, First, Middle		Named Survivor Social Security Number
Named Survivor Birthdate	Named Survivor Sex	Relationship to Applicant

Estimates and Application

Formula Calculation

2010 FIX EST 0.000% / 2010 VAR EST 0.000% / 2011 FIX PRO 2.083% / 2011 VAR PRO 2.083%



Estimates and Application

DIRECT DEPOSIT AUTHORIZATION To have your payment(s) deposited into your bank or brokerage account, enter all of the information below. It can take up to 30 days to validate your banking information through the Automated Clearing House (ACH) system.

Name of Financial Institution		City	State	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account
Transit Routing Number		Account Number		If you select to have your payment sent to your: • Checking account - Attach a voided check to this form. • Savings account - Contact your financial institution to obtain their transit routing number. • Financial brokerage firm - Attach a copy of the firm's direct deposit instructions/application information to this form.

TAXABILITY

Approximately \$1 of your monthly benefit from required contributions will NOT be subject to federal income tax. If applicable, approximately of your monthly annuity from additional contributions will NOT be subject to federal income tax. Tax-deferred additional benefits are fully taxable when paid.

INCOME TAX WITHHOLDING ELECTION

If not completed, we are required to withhold federal income taxes assuming that you are married with three (3) exemptions. Wisconsin law does not require state income taxes to be withheld from your monthly annuity.

MONTHLY ANNUITY

1) Do you want **FEDERAL** taxes withheld?
 No Yes (if yes, see below)

2) Do you want **WISCONSIN** taxes withheld?
 No Yes (if yes, see below)

REQUIRED

a) Indicate filing status AND number of exemptions.

Single Married Number of Exemptions

OPTIONAL

b) Additional amount, if any. \$

REQUIRED

a) Indicate filing status AND number of exemptions.

Single Married Number of Exemptions

OPTIONAL

Additional amount, if any. \$

OR

REQUIRED

b) Enter specific monthly withholding. \$

LUMP SUM PAYMENT

If you have selected a lump sum payment or annuity certain of less than 120 months (from your additional contributions), we are required to withhold 20% of the taxable portion of your payment for federal income tax unless you roll over your payment. Will you be making a direct rollover of your payment?
 No Yes. If yes, complete and submit the enclosed *Authorization for Direct Rollover (ET-7355)* with this benefit application.

APPLICANT INFORMATION

Termination Date of All WRS Employment: / /
 MM / DD / CCYY

Benefit Effective Date: You must select a benefit effective date. This is the date your benefit is effective for calculation purposes, not the date you will receive your payment. If you do not select a date, your benefit will be effective on the earliest possible date, as described in the instructions under SPECIFY A BENEFIT EFFECTIVE DATE.
 Earliest possible date **OR** Specify a later date: / 01 /
 MM / DD / CCYY

RELATIONSHIP STATUS (Check one box only)

I am single or have not been married to or in a domestic partnership with the same person for the full year before my benefit application date.
 I am married, and have been married to the same spouse for the full year immediately preceding my benefit application date.
 I have been in a domestic partnership for the full year immediately preceding my benefit application date.

(Complete the spousal or domestic partner information and have your spouse or domestic partner sign the consent at the bottom.)

Spouse/Domestic Partner Name: Last, First, Middle	Spouse/Domestic Partner Social Security No.	Spouse/Domestic Partner Birthdate	Sex	Date of Marriage or Domestic Partner
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APPLICATION CERTIFICATION

I hereby apply for the benefit option I have selected, and request that my eligibility for, and the amount of, my benefit, be determined in accordance with the Wisconsin laws that will provide the highest benefit to which I am entitled. I understand that Wis. Stat. § 943.395 provides criminal penalties for knowingly making false or fraudulent claims, and hereby certify that, to the best of my knowledge and belief, the above information is true and correct.

I authorize the Department of Employee Trust Funds and the Financial Institution, if named above, to automatically deposit my entitled funds to my account. I authorize the Financial Institution to return any funds deposited to my account which I am not eligible to receive, including any deposits made after my death. I authorize the financial institution to disclose information regarding my account to ETF to resolve transfer problems upon ETF's request. This authorization will remain in effect until I cancel it in writing.

Date Signed (MM/DD/CCYY)	Signature of Applicant	Telephone Number (Area Code / Number)
--------------------------	------------------------	---------------------------------------

I hereby waive my rights under Wis. Stat. § 40.24 (7)(a) or § 40.25 (3m) if my spouse or domestic partner selected a benefit payment option other than a joint and survivor annuity option naming me as the survivor.

Date Signed (MM/DD/CCYY)	Signature of Spouse/Domestic Partner
--------------------------	--------------------------------------

ET-4301 (REV 05/2014) NDO - W PAGE 2 OF 4



1099-R For tax filing

Form 1099-R
 Distributions from Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc.
 This information is being furnished to the Internal Revenue Service.

FOR INFORMATIONAL PURPOSES ONLY			
PAYMENTS BY TYPE AND INTERNAL REVENUE CODE SECTION			
	REQUIRED IRC s. 401(a)	ADDITIONAL IRC s. 401(a)	TAX DEFERRED IRC s. 403(b)
GROSS	\$10,877.13	\$0.00	\$0.00
TAXABLE	\$10,865.75	\$0.00	\$0.00
HEALTH INSURANCE PREMIUMS:	\$0.00		
LIFE INSURANCE PREMIUMS:	\$0.00		

ET-7103 (REV 11/2006)

1. Gross distribution \$10,877.13		OMB No. 1545-0119 Form 1099-R	
2a. Taxable amount \$10,865.75		2b. Taxable amount not determined <input type="checkbox"/>	
4. Federal income tax withheld \$1,080.00		5. Employee contributions \$11.34	
7. Distribution code 7		9b. Total employee contributions \$108.01	
10. State income tax withheld \$720.00		11. Payer's state no. WI 026058	
PAYER'S name, street address, city, state, and ZIP code WISCONSIN RETIREMENT SYSTEM P.O. BOX 7931 MADISON, WISCONSIN 53707-7931			
PAYER'S Federal identification no. 39-1555732		RECIPIENT'S identification no.	
COPY B Report this income on your Federal tax return. If this form shows Federal income tax withheld in box 4, attach this copy to your return. Account no. WR-20-0 <input type="checkbox"/> CORRECTED (if checked)			

1. Gross distribution \$10,877.13		OMB No. 1545-0119 Form 1099-R	
2a. Taxable amount \$10,865.75		2b. Taxable amount not determined <input type="checkbox"/>	
4. Federal income tax withheld \$1,080.00		5. Employee contributions \$11.34	
7. Distribution code 7		9b. Total employee contributions \$108.01	
10. State income tax withheld \$720.00		11. Payer's state no. WI 026058	
PAYER'S name, street address, city, state, and ZIP code WISCONSIN RETIREMENT SYSTEM P.O. BOX 7931 MADISON, WISCONSIN 53707-7931			
PAYER'S Federal identification no. 39-1555732		RECIPIENT'S identification no.	
COPY C for Recipient's records Account no. WR-20-0 <input type="checkbox"/> CORRECTED (if checked)			

1. Gross distribution \$10,877.13		OMB No. 1545-0119 Form 1099-R	
2a. Taxable amount \$10,865.75		2b. Taxable amount not determined <input type="checkbox"/>	
4. Federal income tax withheld \$1,080.00		5. Employee contributions \$11.34	
7. Distribution code 7		9b. Total employee contributions \$108.01	
10. State income tax withheld \$720.00		11. Payer's state no. WI 026058	
PAYER'S name, street address, city, state, and ZIP code WISCONSIN RETIREMENT SYSTEM P.O. BOX 7931 MADISON, WISCONSIN 53707-7931			
PAYER'S Federal identification no. 39-1555732		RECIPIENT'S identification no.	
COPY 2 File this copy with your state, city, or local income tax return, when required. Account no. WR-20-0 <input type="checkbox"/> CORRECTED (if checked)			



Notice to Retirement Applicant



Department of Employee Trust Funds
WISCONSIN RETIREMENT SYSTEM *RC1395489595P01005ET-4414*
P.O. Box 7931
Madison, WI 53707-7931

NOTICE TO RETIREMENT APPLICAN

05/05/2010

Birthda

Social Security Numb

The Department of Employee Trust Funds has received and is processing your retirement benefit application. Your benefit amounts are based on an estimated calculation. A final calculation of your benefit will be completed (and you will receive a final calculation notice) after all the factors that have an impact on your benefit have been reported and reviewed.

Your benefit will be effective: 05/21/2010

You can expect to receive your first payment on or about: 07/01/2010

The payment option you selected is:

100% Continued to Named Survivor with 180 Payments Guarantee

Your named joint survivor is:

(Contact us if survivor data is not correct.)

Your monthly gross amount is: \$2,734 70

Details about deductions follow:

Federal income tax withholding: \$240 5

State income tax withholding: \$147 1

Your net amount is: \$2,347 0

Income tax withholding calculations may differ slightly at paymen

There is a minimum of \$5 per month for Wisconsin income tax withholding.

Other deductions specific to your account such as health insurance premiums (if applicable) ma result in a further reduction to your net benefit amount.

ET-4414 (Rev. 03/2005)

(See Reverse Side)

Annuity Payment Statement



ANNUITY PAYMENT STATEMENT
Wisconsin Retirement System
 801 W. Badger Road
 PO Box 7931
 Madison, WI 53707-7931

1-877-383-1888 (self service)
 1-877-533-5020 (toll free)
 1-608-267-4549 (fax)
 WI Relay 711 or 1-800-947-6644
<http://etf.wi.gov>

Payment Date: January 1, 2010
 Payroll Month: December 2009
 Member ID: 10255358
 Benefit Account ID: 168403
 Recipient Type: Participant

Annuity Payment	Previous Month	Current Month	Federal Income Tax Withholding:	
Required Contributions			Marital Status Claimed	Married
Regular Core	1,031.73	1,151.28	Exemptions Claimed	1
Dividend Gain/Loss	0.00	0.00	Tax Amount	81.44
One-Time Adjustment	0.00	239.10		
Accelerated Core	762.00	762.00	Wisconsin Income Tax Withholding:	
Dividend Gain/Loss	0.00	0.00	Marital Status Claimed	Married
One-Time Adjustment	0.00	0.00	Exemptions Claimed	1
Gross Annuity Payment	1,793.73	2,152.38	Tax Amount	82.84
Deductions				
Life Insurance	58.24	58.24		
One-Time Adjustment	0.00	0.00		
Federal Tax Withholding	84.15	81.44		
One-Time Adjustment	0.00	59.78		
WI State Tax Withholding	74.01	82.84		
One-Time Adjustment	0.00	11.00		
Total Deductions	216.40	293.30		
Net Annuity Payment	1,577.33	1,859.08		

Note: To change your address or tax withholding, or to order forms and brochures, call our self-service line at 1-877-383-1888. This service is available 24 hours per day.

You are receiving this statement because the following changes have occurred:

Your Federal Income Tax Withholding has changed. Your current Federal Income Tax Withholding information is shown above.

The nontaxable portion of your Required fund Annuity has been changed to \$2.02.

Your Required fund Investment In Contract has been changed to \$728.87.

Your Retirement Annuity payment includes a one-time adjustment, which will only apply to this month's payment.

Since the amount of your Annuity has changed, the amount of your Federal Income Tax Withholding may also have changed.

Since the amount of your Annuity has changed, the amount of your Wisconsin Income Tax Withholding may also have changed.



Final Calculation Notice (Front Page)



Department of Employee Trust Funds
 WISCONSIN RETIREMENT SYSTEM *RC1392448513P01002ET-4820*
 P.O. Box 7931
 Madison, WI 53707-7931

NOTICE OF FINAL RETIREMENT ANNUITY CALCULATION

10/19/2010

Social Security Number
 Birthdate:

Your final Wisconsin Retirement System (WRS) annuity was calculated based on your employer's final report of your earnings, contributions and creditable service. This is your record of the data used to calculate your annuity. If your employer subsequently reports changes in your account within the seven year statutory limit which would result in a change in your annuity (such as amended earnings, creditable service, contributions, etc.), your annuity will be adjusted retroactive to the effective date with no action required on your part.

The amounts shown on this form will be reflected in your benefit beginning with your payment dated:

11/01/2010

Section 1 Your reported service and earnings are:

Fiscal / Calendar Year	Earnings	Service	Termination Date (reported by your employer)
2009 CY	\$38,945.43	1.00	06/28/2010
2008 CY	\$37,289.81	1.00	
2007 CY	\$34,389.61	1.00	Annuity Effective Date 06/29/2010
Final average earnings based on annual earnings above:		\$3,072.00	

SERVICE YEARS BY CATEGORY, INCLUDING MILITARY SERVICE

Employment Category	Before 2000	After 1999	Total Years for Category
GENERAL	15.79	10.56	26.35

MILITARY SERVICE ONLY

Before 2000	After 1999	Military Service Years for Category

If you believe that your employer reported this information incorrectly, contact your employer about any discrepancy. The effective date of your estimated annuity was based on the termination date you entered on your application.

ET-4820 (Rev. 03/2005)

(See Reverse Side)



Post-Retirement Changes

- Investment results for prior year are reflected on May 1st annuity payment
- Core Adjustment:
 - First dividend prorated by number of full months retired in previous calendar year
- Variable Adjustment:
 - Full adjustment is applied if annuity is effective prior to January 1st of current calendar year

Core Trust Fund

ETF Core Fund Percentages			
Year	SWIB Investment Return	ETF Effective Rate	ETF Annuity Adjustment
2018	-3.3%	5.0%	0.0%
2017	16.2%	8.5%	2.4%
2016	8.6%	7.9%	2.0%
2015	-0.4%	6.4%	.5%
2014	5.7%	8.7%	2.9%
2013	13.6%	10.9%	4.7%
2012	13.7%	2.2%	-9.6%
2011	1.4%	1.5%	-7.0%
2010	12.4%	4.8%	-1.2%
2009	22.4%	4.2%	-1.3%
2008	-26.2%	3.3%	-2.1%
2007	8.7%	13.1%	6.6%
2006	15.8%	9.8%	3.0%
2005	8.6%	6.5%	0.8%
2004	12.8%	8.5%	2.6%

Variable Trust Fund

ETF Variable Fund Percentages			
Year	SWIB Investment Return	ETF Effective Rate	ETF Annuity Adjustment
2018	-7.9%	-7.0%	-10.0%
2017	23.2%	24.0%	17.0%
2016	10.6%	10.0%	4.0%
2015	-1.2%	0.0%	-5.0%
2014	7.3%	7.0%	2.0%
2013	29.0%	31.0%	25.0%
2012	16.9%	17.0%	9.0%
2011	-3.0%	-3.0%	-7.0%
2010	15.6%	16.0%	11.0%
2009	33.7%	33.0	22.0%
2008	-39.0%	-40.0%	-42.0%
2007	5.6%	6.0%	0.0%
2006	17.6%	18.0%	10.0%
2005	8.3%	9.0%	3.0%
2004	12.7%	12.0%	7.0%

Forfeited and Qualifying Service

- *Forfeited Service*: If WRS separation benefit taken, forfeited creditable service can begin to be purchased upon return to WRS employment and completion of three complete, continuous years of service.
- *Qualifying Service*: Six-month qualifying period for non-teaching positions before January 1, 1973

(ETF must receive application *before* WRS termination)

Additional Contributions

- Voluntary, after-tax, additional contributions to supplement retirement benefits
- Can be used for creditable service purchases (Forfeited/Qualifying)
- Payroll deduction or direct contributions
- Deposited Core or Core/Variable

Estimates and Application

(Form ET-4301)

- with *additional contributions benefit options*

PLEASE COMPLETE IN
BLACK OR BLUE INK

Department of Employee Trust Funds
Wisconsin Retirement System
P. O. Box 7931 - Madison, WI 53707-7931

RETIREMENT BENEFIT ESTIMATES AND APPLICATION

Wis. Stat. §§ 40.23, 40.24, 40.25; 42.49, 42.242 (7), 1979 Stats.

Name	Birthdate	Social Security Number
	02/13/1947	
Address		
Date of Estimate	Effective Date of Annuity	Your Age on Effective Date
04/07/2006	06/07/2006	59 4
Normal Retirement Age	Benefit Calculation Type	Formula Factor(s) Used in Your Estimates
65	FORMULA	.01600 .01765

If information above is incorrect, please make corrections.

SERVICE AND EARNINGS

SERVICE YEARS BY CATEGORY, INCLUDING MILITARY SERVICE				MILITARY SERVICE ONLY		
Employment Category	Before	After	Total Years for Category	Before	After	Total Years of Military Service
	2000	1999		2000	1999	
TEACHER	8.50	6.18	14.68			

Year	Three Highest Years of Earnings	Years of Service	Final Average Monthly Earnings
2003-04	\$48,904	1.00	\$3,915
2002-03	\$47,156	1.00	
2001-02	\$44,912	1.00	

BENEFIT PAYMENT OPTIONS (based on above data)

Check only one box for your Monthly Retirement Benefit. Check only one box under Employee Additional Contributions Benefit if you want to apply for your employee additional contributions at this time.

	MONTHLY RETIREMENT BENEFIT				EMPLOYEE ADDITIONAL CONTRIBUTIONS BENEFIT	
	Regular	OR	Accelerated Payments Until Age 62	After Age 62		
Life Annuity Options:						
• For Annuitant's Life Only	<input type="checkbox"/> \$845	OR	<input type="checkbox"/> \$1,713	\$650	<input type="checkbox"/>	\$241 01
• Life with 60 Payments Guaranteed	<input type="checkbox"/> \$841	OR	<input type="checkbox"/> \$1,711	\$648	<input type="checkbox"/>	\$240 02
• Life with 180 Payments Guaranteed	<input type="checkbox"/> \$811	OR	<input type="checkbox"/> \$1,687	\$624	<input type="checkbox"/>	\$231 04
Joint and Survivor Annuity Options:						
Named survivor, birthdate and relationship used in estimate:				08/29/1946	SPOUSE	
• 75% Continued to Named Survivor*	<input type="checkbox"/> \$770*	OR	<input type="checkbox"/> \$1,655	\$592*	<input type="checkbox"/>	\$220* 07
• 100% Continued to Named Survivor	<input type="checkbox"/> \$748	OR	<input type="checkbox"/> \$1,639	\$576	<input type="checkbox"/>	\$213 11
• Reduced 25% on Death of Annuitant or Named Survivor*	<input type="checkbox"/> \$794*	OR	<input type="checkbox"/> \$1,674	\$611*	<input type="checkbox"/>	\$227* 09
• 100% Continued to Named Survivor with 180 Payments Guaranteed	<input type="checkbox"/> \$745	OR	<input type="checkbox"/> \$1,637	\$574	<input type="checkbox"/>	\$213 12
	Annuity Certain - Additional Contributions Only					
					<input type="checkbox"/>	\$1,719 29
					<input type="checkbox"/>	\$738 30
					<input type="checkbox"/>	\$413 31
					<input type="checkbox"/>	21
* The amount shown is prior to 25% reduction upon death.						
Lump Sum Payment Option:	Required Contributions				Additional Contributions	
	<input type="checkbox"/> NOT ELIG				<input type="checkbox"/> \$39,228 50	

JOINT AND SURVIVOR INFORMATION (This is not a Beneficiary Designation.)
Complete this information only if you select a Joint and Survivor Annuity option above, even if that person's name is shown above. Do not complete this section if you have selected a Life Annuity or Lump Sum option above.

Named Survivor Name: Last, First, Middle		Named Survivor Social Security Number
Named Survivor Birthdate	Named Survivor Sex	Relationship to Applicant

ET-4301 (REV 05/2005)

MAKE A COPY FOR YOUR RECORDS. SUBMIT ENTIRE ORIGINAL COPY OF FORM.

PAGE 1 OF 4

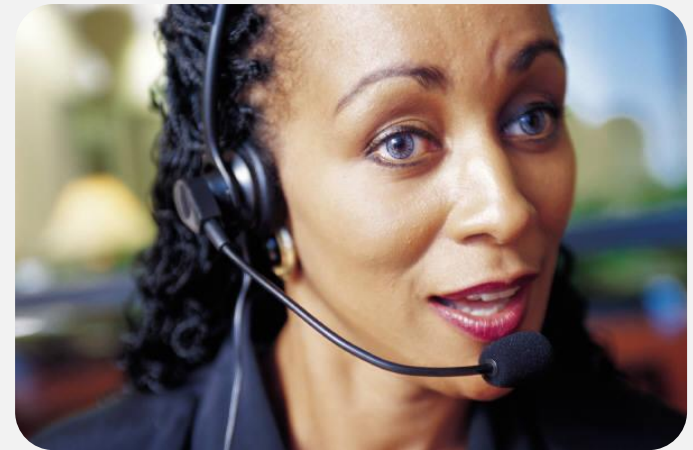
2006 FIX PRO 2.083% / 2006 VAR PRO 2.083%



ETF Disability Benefits

- WRS Regular Disability
- Duty Disability

Please Contact ETF



Returning to Work

- *No agreement* as of termination date with a WRS employer for future employment
- In general, annuitants must have a valid termination of employment and be separated from WRS employment for at least 75 days
- No earnings limit



Returning to Work

- If less than two-thirds full time* can continue WRS annuity.
- If *two-thirds* of full-time or more, WRS annuity is suspended, must re-enroll as employee
 - * Two-thirds of full time is defined as 1,200 hours (880 hours for teachers and educational support staff)



Health Insurance

automatic continuation

allowed to re-enroll



State & UW



Local with

coverage through Group Health Insurance



file verification of coverage with employer

file health insurance application



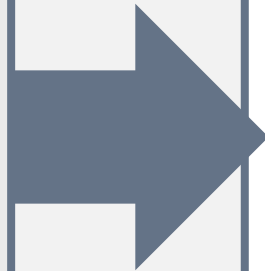
Local without

coverage through Group Health Insurance



may be eligible for LAHP

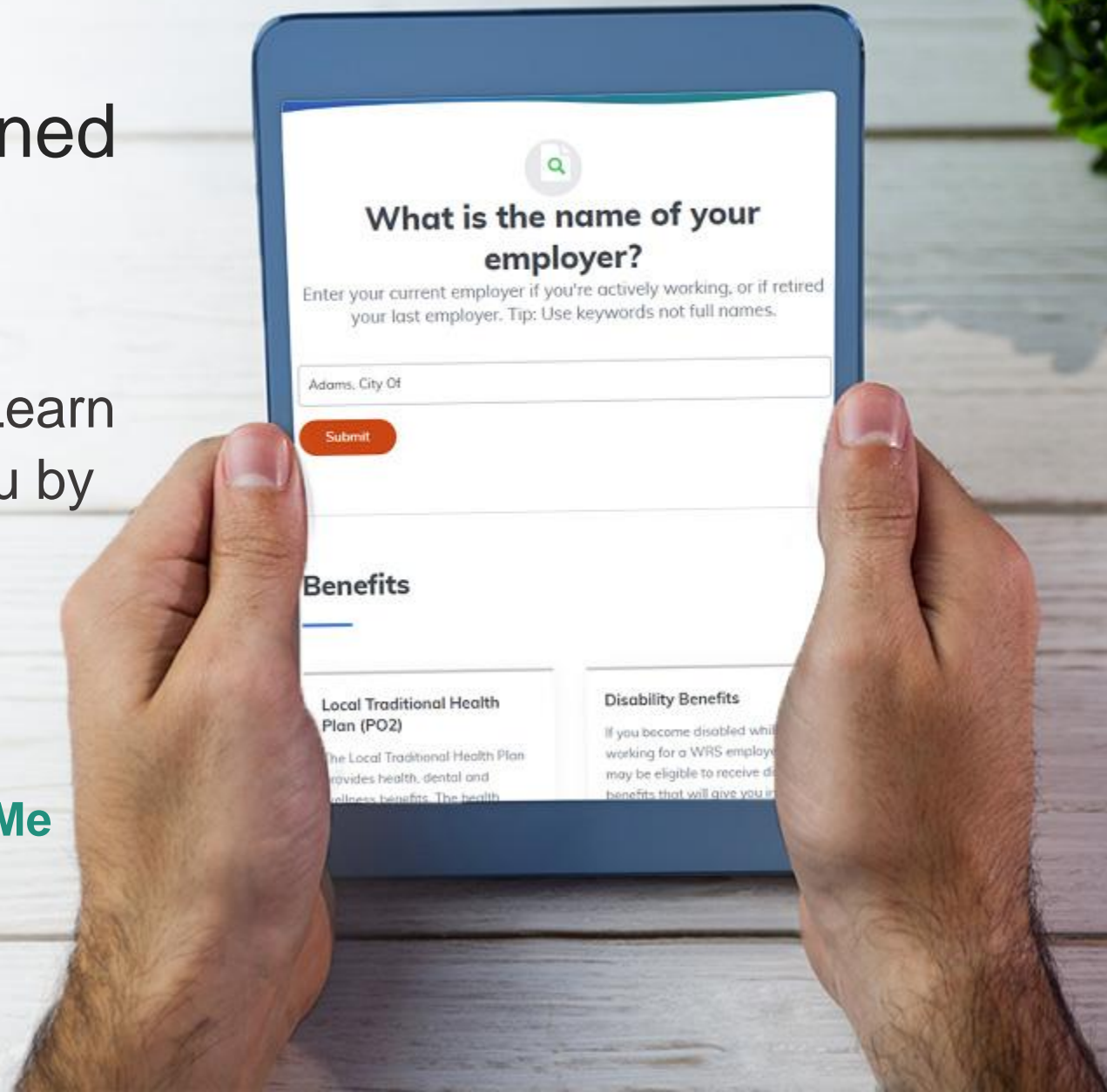
Medicare



Check out our redesigned website: etf.wi.gov

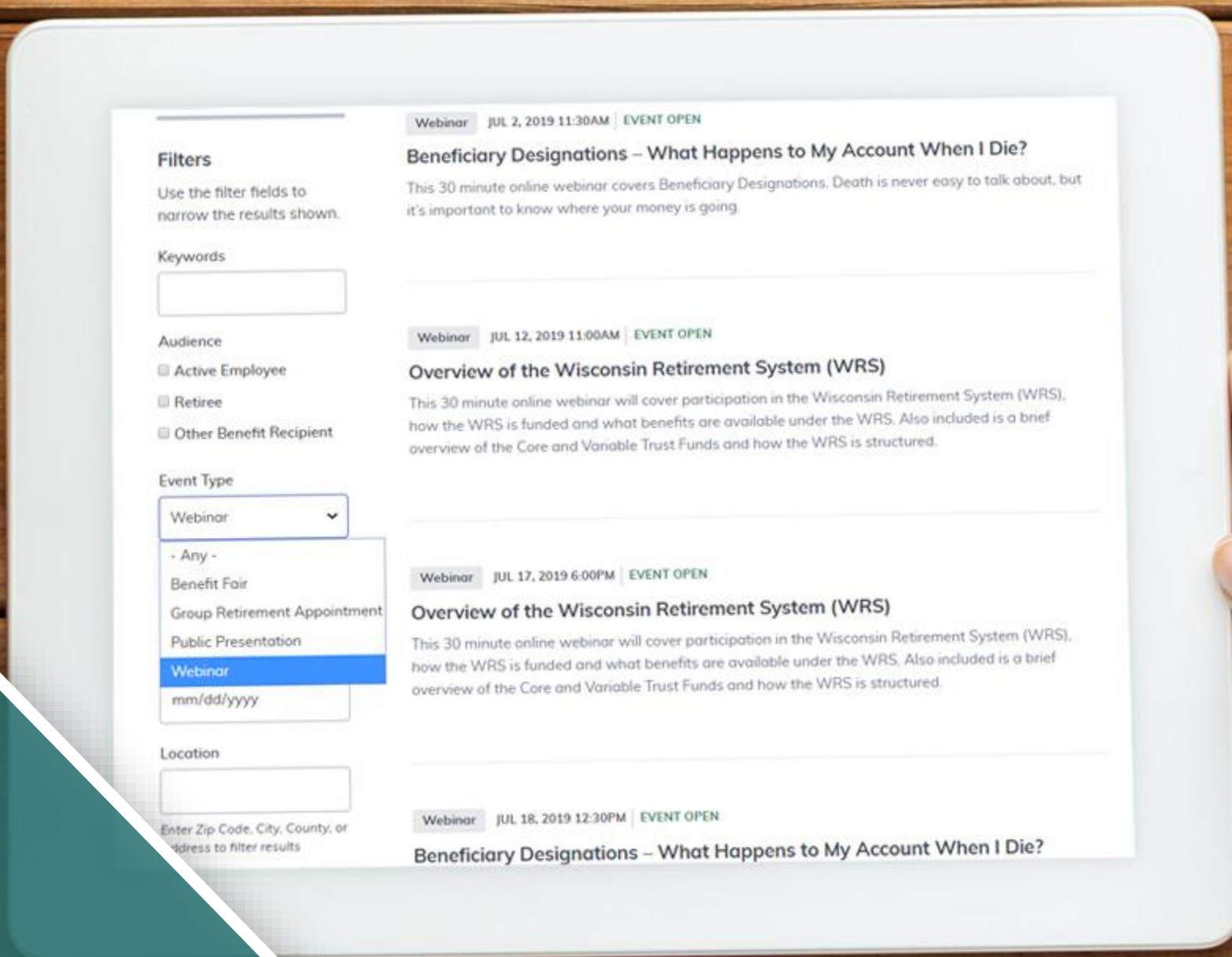
Customize your experience. Learn about benefits available to you by entering your employer.

To get started, click [Benefits](#) → [Benefits Available to Me](#)



Learn more
through webinars.
Find webinars on
our website at

etf.wi.gov/events





Questions?

Thank you



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ETF E-mail Updates



608-266-3285
1-877-533-5020