



MEMBER NAME: _____ **SS#:** _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then CHECK BOX A, B, OR C.



Option A - NO SURVIVOR RETIREMENT BENEFITS

I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32. If choosing A, please complete sections 2 and 3 on this page. **Do not complete section 4.**



Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

I request my pension be paid in accordance with Option B as provided in Section 12, subsection 2 of Chapter 32. If choosing B, please complete sections 2, 3, and 4 (beneficiary information on following page).



Option C - JOINT SURVIVOR ALLOWANCE

I request my pension be paid in accordance with Option C as provided in Section 12, subsection 2 of Chapter 32. If choosing C, please complete beneficiary information below and sections 2 and 3. **Do not complete section 4.**

OPTION C BENEFICIARY INFORMATION (required only if choosing option C):

Please do not complete this section if selecting Option B. A copy of the beneficiary's birth certificate and if spouse, a copy of your marriage license is required if Option C is selected and must be included with this application.

Option C Beneficiary: _____ SS#: _____
 (Please print)
 Gender: M F Date of Birth: _____ Relationship to Member: _____
 Address/City/State/Zip: _____

2. MEMBER SIGNATURE (required)

I have read and understand the provisions of Option _____ selected above.
 (enter option selection: A, B, or C)

Member Signature: **X** *Original Signature Required* Date: _____

3. WITNESS SIGNATURE (required)

If married, the witness must be your spouse. Witness CANNOT be a beneficiary unless the witness is your spouse.

Witness Signature: **X** *Original Signature Required* Date: _____

Print Name: _____

Address: _____

Personal Email Address: _____ Telephone: _____

THIS SECTION BOARD USE ONLY

Please complete section 4 on following page only if selecting Option B.

► Complete this section ONLY if selecting Option B:

4. BENEFICIARY(IES) INFORMATION (required if Option B is selected, PLEASE PRINT)

i.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
	Email:			Telephone:
ii.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
	Email:			Telephone:
iii.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
	Email:			Telephone:
iv.	Name:	Designation: (Must check 1 box) <input type="checkbox"/> Primary, <u>OR</u> <input type="checkbox"/> Contingent	Proportion: * (Must check 1 box) <input type="checkbox"/> All, <u>OR</u> <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
	Email:			Telephone:

* The totals of all proportions for your primary and contingent beneficiary(ies) must equal 100% each.

OPTION PROVISIONS

Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. I understand my estate will receive only a prorated amount of my monthly allowance for the number of days I live in the month of my death. **There are no survivor benefits.**

Option B - LUMP SUM PAYMENT TO BENEFICIARY IN EVENT OF EARLY DEATH

As provided in Section 12, subsection 2 of Chapter 32, by selecting this option, I will receive a reduced monthly retirement allowance for life. I also understand that upon my death, if there is a remaining balance in my account - deposits and interest - it will be refunded to my beneficiary(ies) or estate in a lump sum. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board. I understand that the annuity portion of my allowance is reduced each month. **If my annuity savings account is depleted at the time of my death, I understand that there will be no survivor benefits.**

Option C - JOINT SURVIVOR ALLOWANCE

As provided in Section 12, subsection 2 of Chapter 32, **by selecting this option, I will receive a reduced retirement allowance for life.** I also understand that my named beneficiary will receive two-thirds of my retirement allowance upon my death for his or her lifetime, and I understand should the named beneficiary pre-decease me, my allowance will revert to Option A. An eligible beneficiary may be a spouse, unmarried former spouse (at date of retirement), child, father, mother, brother, or sister. A prorated amount of my monthly allowance for the number of days I live in the month of my death will go to my estate, unless otherwise determined by the Board.