

Member Name: \_\_\_\_\_ SSN: \_\_\_\_\_

**1. MARITAL STATUS:**     SINGLE                       MARRIED                       DIVORCED

If Divorced, are you a party to a Domestic Relations Order?     Yes                       No                       I don't know

**2. CHOOSE ONE OPTION (required)** Read the OPTION PROVISIONS on the following page and 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 3, 4, and 5 (beneficiary information on following page).**

**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 3, 4, and 5 (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 3 and 4. Do not complete section 5.**

**OPTION C BENEFICIARY INFORMATION (complete this section only if choosing option C):**

Beneficiary information for options A or B must be completed on the next page. **A copy of the beneficiary's birth certificate and marriage license** (if spouse) is required if Option C is selected and must be included with application.

Option C Beneficiary: \_\_\_\_\_ SSN \_\_\_\_\_  
(Please print)

Gender:     M                       F                      Date of Birth: \_\_\_\_\_ Relationship to Member: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

**3. MEMBER SIGNATURE (required)**

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

Member Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

**4. WITNESS SIGNATURE (required)**

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

Witness Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Skip this section if you chose Option C.**

**5. BENEFICIARY(IES) INFORMATION (required if Option A or B selected, PLEASE PRINT)**

<b>i.</b>	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: * <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
<b>ii.</b>	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: * <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
<b>iii.</b>	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: * <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
<b>iv.</b>	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: * <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:
<b>v.</b>	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: * <input type="checkbox"/> All <input type="checkbox"/> _____ % (percent)	Beneficiary Social Security #:
	Street:			Relationship:
	City, State, ZIP:			Date of Birth:

**OPTION PROVISIONS**

**Option A - THERE ARE NO SURVIVOR RETIREMENT BENEFITS**

As provided in Section 12, subsection 2 of Chapter 32, by choosing this option, upon my death, I relinquish all claims to the total contributions and the total interest that have been credited to my account. My Designated Beneficiary(ies) listed above will receive only a prorated amount 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 choosing 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. The designated beneficiary(ies) listed above will also receive a prorated amount for the number of days I live in the month of my death. 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 choosing 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.