



MEMBER NAME: _____

SSN: _____

1. CHOOSE ONE OPTION (required) Read the OPTION PROVISIONS on the following page and then check box A, B, or C.**A****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.**

B**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).**

C**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: _____

SSN _____

(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** _____

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** _____

Date: _____

Print Name: _____

Address: _____

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: <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:
ii.	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:
iii.	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:
iv.	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:
v.	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:

*** The total 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. 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.