

CITY OF	<u>Manchester Employees' Contributory Retirement System</u> <u>Ten Year Certain Option Election</u>
MANCHESTER	
EMPLOYEES'	
CONTRIBUTORY	
RETIREMENT	
SYSTEM	

Name _____

Address _____

City, State, Zip Code _____

Date of Birth _____ Social Security # _____ Sex _____

Department _____ Home Phone # _____

Date Employed _____ Email Address _____

I hereby elect to receive a reduced retirement benefit during my lifetime commencing on _____
Date

and ceasing with the last payment preceding my death, with the provisions that if I die before the expiration of the guaranteed 120 payment period, the same benefit shall be continued to the below designated primary beneficiary, if living, for the balance of such 120 payment period. Should the primary beneficiary die before the expiration of the guaranteed 120 payment period, the balance of the 120 payments will be paid in a single lump sum to the estate of the beneficiary. **The option selected at retirement and the beneficiary designated at retirement cannot be revoked.**

I designate as my Primary Beneficiary(s):

Name	Relationship	Birth Date	SSN
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Name	Relationship	Birth Date	SSN
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Signature

Date

(over)

Manchester Employees' Contributory Retirement System
1045 Elm Street, Suite 403
Manchester, NH 03101-1824

MANDATORY SPOUSAL ACKNOWLEDGEMENT

Chapter 218:30 Laws of 1974 as amended require that spousal acknowledgement be given on the selection of retirement options as applicable. The completion and submission of this form is a mandatory prerequisite to the retirement process. **A beneficiary designated at retirement cannot be revoked.**

Section One: Applicant Information	
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Applicant's Name	Applicant's SS Number

Section Two: EITHER Part A or Part B Must Be Completed

Note: If Married, an Applicant's Spouse must complete Part A in the presence of a notary public or a justice of the peace. If unmarried, an Applicant must complete Part B.

Part A. Spousal Acknowledgement

I hereby attest that I am the spouse of the retiring applicant identified above and that I have been informed of and understand the pension payment plan, and the beneficiary/Contingent Annuitant, selected by my spouse in his/her application for Manchester Contributory Retirement System benefits listed on the front of this form.

Signature of Spouse _____ Date _____

State of _____

County of _____

On this _____ day of _____, _____, before me personally appeared _____, known to me to be the person whose name is signed above and who, under oath, executed the foregoing Spousal Acknowledgement or Applicant Certification.

WITNESS my hand and official seal.

Notary Public/Justice of the Peace _____

My Commission Expires _____

Part B. Applicant Certification

I hereby attest that I am not married at this time and therefore may select a retirement benefit of my choice without spousal acknowledgement.

Signature of Member _____ Date _____
