



**Manchester Employees' Contributory Retirement System**  
**Ten Year Certain Option Election**

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_

Department \_\_\_\_\_ Home Phone # \_\_\_\_\_

Date Employed \_\_\_\_\_ Was Service Ever Interrupted? \_\_\_\_\_

If interrupted, state dates and reasons: \_\_\_\_\_

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

\_\_\_\_\_  
Name Relationship Birth Date SSN

\_\_\_\_\_  
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 consent 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**

\_\_\_\_\_  
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 \_\_\_\_\_

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**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 consent.

Signature of Member \_\_\_\_\_ 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 office seal.

Notary Public/Justice of the Peace \_\_\_\_\_

My Commission expires \_\_\_\_\_