

CITY OF MANCHESTER EMPLOYEES' CONTRIBUTORY RETIREMENT SYSTEM	<p><b><u>Manchester Employees' Contributory Retirement System</u></b>  <b><u>100% Contingent Annuitant Option Election</u></b></p>
---	--

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 my Contingent Annuitant shall receive for life, on survival after my death, **100%** of the monthly retirement benefit paid to me. On my death, or the death of my Contingent Annuitant, whichever is later, the excess of my contributions with interest over the total benefits received by me, will be paid in a single lump sum to my beneficiary if living, otherwise to the estate of the survivor. I also understand that if my Contingent Annuitant pre-deceases me, my benefit will increase to what it would have been, had I chosen the straight life annuity option upon my retirement. **The option selected at retirement and the beneficiary designated at retirement cannot be revoked.**

**I elect as my Contingent Annuitant:**

Name _____	Relationship _____
Birth Date ( <b>Proof of birth required</b> ) _____	SSN _____

**I elect as my Beneficiary(s):**

Name _____	Relationship _____	Birth Date _____	SSN _____
Name _____	Relationship _____	Birth Date _____	SSN _____
Name _____	Relationship _____	Birth Date _____	SSN _____

Signature of Applicant _____	Date _____	Signature of Contingent Annuitant _____	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 \_\_\_\_\_

\*\*\*\*\*

**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 \_\_\_\_\_