

CITY OF MANCHESTER EMPLOYEES' CONTRIBUTORY RETIREMENT SYSTEM	<u>Manchester Employees' Contributory Retirement System</u> <u>STRAIGHT LIFE ANNUITY APPLICATION FORM</u>
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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 the Straight Life form of annuity during my lifetime, commencing on _____ and ceasing upon my death. Upon my death, any excess of my contributions with interest over the total benefits I have received, will be paid in a single lump sum to my named primary beneficiary(s). If the primary beneficiary(s) are not living, then payment shall be made to my named secondary beneficiary(s), if living, otherwise to my estate. ***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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I designate as my Secondary 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 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 _____