



**Manchester Employees' Contributory Retirement System**  
**STRAIGHT LIFE ANNUITY APPLICATION FORM**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Sex \_\_\_\_\_  
Department \_\_\_\_\_ Phone# \_\_\_\_\_  
Date Employed \_\_\_\_\_ Email Address \_\_\_\_\_

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  
Date  
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) is not living, then payment shall be made to my named contingent beneficiary(s), if living, otherwise to my estate.

I designate as my Primary Beneficiary(s):

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

I designate as my Contingent 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 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.**

<b>Section One: Applicant Information</b>	
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Applicant's Name	Applicant's SS Number

<b>Section Two: Either Part A or Part B Must Be Completed</b>	
<b>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.</b>	
<b>Part A. Spousal Acknowledgement</b>	
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 _____
*****	
<b>Part B. Applicant Certification</b>	
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 _____
*****	
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 _____	