



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.**

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 _____
