



**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 \_\_\_\_\_ 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.

I designate as my Primary Beneficiary(s):

_____	_____	_____	_____
Name	Relationship	Birth Date	SSN

_____	_____	_____	_____
Name	Relationship	Birth Date	SSN

I designate as my Secondary 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**

\_\_\_\_\_

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 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 \_\_\_\_\_