



EMPLOYEES' RETIREMENT SYSTEM

The Maryland-National Capital Park and Planning Commission

6611 Kenilworth Avenue, Suite 100

Riverdale, Maryland 20737

(301) 454-1415 - Telephone

(301) 454-1413 - Facsimile

APPLICATION FOR SERVICE RETIREMENT PLAN D

ALL RETIREMENTS ARE EFFECTIVE ON THE FIRST DAY OF THE MONTH. APPLICATIONS MUST BE FILED 30 DAYS PRIOR TO THE EFFECTIVE DATE.

In accordance with the provisions of the Maryland-National Capital Park and Planning Commission Employees' Retirement System, the undersigned, a member of the System, does hereby make application for service retirement as follows:

Name of EMPLOYEE: _____

Address: _____

Social Security Number: _____ Date of Birth: _____

Effective Date of Retirement: _____

Last Day of Employment: _____

I hereby certify that all methods of retirement benefit payments have been thoroughly explained to me by the Administrator, or his designee, and on the basis of this explanation I hereby elect to receive my retirement benefits as follows: **(SIGN AND DATE OPTION SELECTION)**

- **LIFE ONLY:** This option provides the MAXIMUM BENEFIT payable, by giving up the Normal Benefit Guarantee (10-Years Certain) in exchange for a larger benefit payable only during your lifetime. ALL benefits stop when you die.

Signature: _____ Date: _____

- **10-YEARS CERTAIN:** All benefits are guaranteed for the lifetime of the retiree. In addition, benefits are guaranteed to continue for 10 years from the date of retirement. If you die prior to receiving 10 years of benefits, your listed beneficiary will receive payments **only until** the 10-year period is completed. The beneficiary may be changed at any time.

Signature: _____ Date: _____

- **100% CONTINGENT ANNUITY OPTION:** Benefits are guaranteed to continue at the same level so long as you or your Contingent Annuitant (usually your spouse) survives. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

- **75% CONTINGENT ANNUITY OPTION:** Benefits are guaranteed to continue so long as you or your Contingent Annuitant (usually your spouse) survives. If your Contingent Annuitant outlives you, he/she will receive 75% of the benefit you were receiving at the time of your death. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

- **50% CONTINGENT ANNUITY OPTION:** Benefits are guaranteed to continue so long as you or your Contingent Annuitant (usually your spouse) survives. If your Contingent Annuitant outlives you, he/she will receive 50% of the benefit you were receiving at the time of your death. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

- **100% CONTINGENT ANNUITY OPTION WITH POP-UP PROVISION:** Benefits are guaranteed to continue at the same level so long as you or your Contingent Annuitant (usually your spouse) survives. If your designated Contingent Annuitant predeceases you, your benefit will revert to the unreduced amount originally calculated, adjusted for cost-of-living adjustments granted since benefit commencement. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

- **75% CONTINGENT ANNUITY OPTION WITH POP-UP PROVISION:** Benefits are guaranteed to continue so long as you or your Contingent Annuitant (usually your spouse) survives. If your Contingent Annuitant outlives you, he/she will receive 75% of the benefit you were receiving at the time of your death. If your Contingent Annuitant predeceases you, your benefit will revert to the unreduced amount originally calculated, adjusted for cost-of-living adjustments granted since benefit commencement. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

- **50% CONTINGENT ANNUITY OPTION WITH POP-UP PROVISION:** Benefits are guaranteed to continue so long as you or your Contingent Annuitant (usually your spouse) survives. If your Contingent Annuitant outlives you, he/she will receive 50% of the benefit you were receiving at the time of your death. If your Contingent Annuitant predeceases you, your benefit will revert to the unreduced amount originally calculated, adjusted for cost-of-living adjustments granted since benefit commencement. Your designated Contingent Annuitant **cannot** be changed after retirement.

Signature: _____ Date: _____

I HEREBY DESIGNATE THE FOLLOWING PERSON(S) AS CONTINGENT ANNUITANT/ BENEFICIARY AS INDICATED ON THIS APPLICATION FOR SERVICE RETIREMENT:

Name: _____ DOB: _____

Relationship: _____ SS #: _____

Address: _____

Name: _____ DOB: _____

Relationship: _____ SS #: _____

Address: _____

PROOF OF THE CONTINGENT ANNUITANT'S DATE OF BIRTH MUST ACCOMPANY THIS APPLICATION.

I DO HEREBY REVOKE ANY PREVIOUS NOMINATION OF BENEFICIARY, WHICH MAY BE INCONSISTENT HEREWITH, AND STATE THAT THE ABOVE DESIGNATION OF BENEFICIARY SUPERSEDES ANY DESIGNATION OF BENEFICIARY PREVIOUSLY FILED WITH THE BOARD OF TRUSTEES.

Employee Signature: _____ Date: _____

YOU MUST AFFIRM YOUR SIGNATURE BEFORE A NOTARY PUBLIC

STATE OF MARYLAND

COUNTY OF _____

I hereby certify that on the ____ day of _____, 20____, before me, the subscriber, a notary public of the State of Maryland, in and for _____ County, personally appeared _____ and made an affirmation in due form of law that the matters and facts set forth in this Application for Service Retirement are true.

As witness, my hand and official seal.

: Signature of Notary Public

: Name of Notary Public printed

: Commission Expires

(NOTARY SEAL)