



I request my pension be paid in accordance with Option A as provided in Section 12, subsection 2 of Chapter 32.

I UNDERSTAND BY CHOOSING THIS OPTION, UPON MY DEATH, I RELINQUISH ALL CLAIMS TO THE TOTAL CONTRIBUTIONS AND THE TOTAL INTEREST THAT HAVE BEEN CREDITED TO MY ACCOUNT. My Designated Beneficiary(ies) listed below will receive only a prorated amount for the number of days I live in the month of my death.

THERE ARE NO SURVIVOR BENEFITS.

BENEFICIARY(IES) INFORMATION (MUST BE COMPLETED)

1	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: <input type="checkbox"/> All <input type="checkbox"/> _____ % (Percent)	Date of Birth:
	Street:			Relationship:
	City, State, ZIP:			Beneficiary Social Security Number:
2	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: <input type="checkbox"/> All <input type="checkbox"/> _____ % (Percent)	Date of Birth:
	Street:			Relationship:
	City, State, ZIP:			Beneficiary Social Security Number:
3	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: <input type="checkbox"/> All <input type="checkbox"/> _____ % (Percent)	Date of Birth:
	Street:			Relationship:
	City, State, ZIP:			Beneficiary Social Security Number:
4	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: <input type="checkbox"/> All <input type="checkbox"/> _____ % (Percent)	Date of Birth:
	Street:			Relationship:
	City, State, ZIP:			Beneficiary Social Security Number:
5	Name:	Designation: <input type="checkbox"/> Primary <input type="checkbox"/> Contingent	Proportion: <input type="checkbox"/> All <input type="checkbox"/> _____ % (Percent)	Date of Birth:
	Street:			Relationship:
	City, State, ZIP:			Beneficiary Social Security Number:

MEMBER INFORMATION

(Print Name) _____
(Social Security Number)

(Signature) _____
(Date)

SIGNATURE OF WITNESS—THIS OPTION FORM MUST BE WITNESSED. IF THE MEMBER IS MARRIED, THE WITNESS MUST BE THE SPOUSE.

By witnessing this form, I acknowledge that I have read and understand the provisions of this Option:

(Print Name)

(Address/City/Town/State/Zip)

(Signature) _____
(Date)