

STATE RETIREMENT AGENCY OF MARYLAND

120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-1600
410-625-5555

**REQUEST FOR CALCULATION OF JOINT SURVIVORSHIP
BY A RETIREE CONSIDERING CHANGING A BENEFICIARY**

IMPORTANT: PRINT IN INK OR TYPE

RETIREMENT USE ONLY

FORM-66A (Rev. 12/08)

Name: _____
First Middle Last

Social Security #: _____ - _____ - _____

Address: _____
Number and Street

Phone # (____) _____

City and State Zip Code

Option Selected:

Date of Retirement: _____
Month Day Year

() Option-2 (100% Survivorship)

() Option-5 (100% Survivorship
with pop-up feature)

() Option-3 (50% Survivorship)

() Option-6 (50% Survivorship
with pop-up feature)

NEW PROPOSED BENEFICIARY: If you retired under Option 2 or Option 5, you cannot designate a beneficiary who is more than 10 years younger than you unless the beneficiary is your spouse or disabled child.

Name: _____
First Middle Last

Date of Birth: _____
Month - Day - Year

Social Security # _____ - _____ - _____

Relationship to me: _____

CURRENT BENEFICIARY

Name: _____
First Middle Last

Date of Birth: _____
Month - Day - Year

Is the original beneficiary living? () Yes

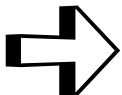
() No; If deceased, you must attach death certificate.

Date of Death: _____
Month - Day - Year

I hereby certify that the above statements are true to the best of my knowledge and belief.

Complete Signature

Date



**COMPLETION OF THIS FORM DOES NOT CHANGE THE BENEFICIARY
OR THE BENEFIT AMOUNT. THE CHANGE WILL ONLY BECOME
EFFECTIVE THE FIRST DAY OF THE MONTH FOLLOWING THE STATE
RETIREMENT AGENCY'S RECEIPT OF A PROPERLY COMPLETED FORM-67.**



INSTRUCTIONS: After completion please forward to:

STATE RETIREMENT AGENCY
120 EAST BALTIMORE STREET
BALTIMORE, MARYLAND 21202-1600
ATTENTION: Benefits Processing