City of St. Joseph
Employee Retirement System

Election of Retirement Allowance Option and Nomination of Beneficiary

Applicant Name: _____ Social Security Number: _____

I, _____, have received the completed calculations of benefits form provided by the Retirement System's actuary. I have reviewed the compensation amounts used and agree that they are correct. I understand that I may elect a straight life retirement benefit (in which case no further benefits are payable after my death) or an option form of retirement (in which case benefits would be paid after my death to my option beneficiary for his/her lifetime provided he/she survives me.

I HEREBY ELECT THE FOLLOWING FORM OF RETIREMENT BENEFIT:

- ☐ Option A—Pension for 10 YEARS CERTAIN AND LIFE THEREAFTER
- ☐ Option B—100% SURVIVOR PENSION
- ☐ Option C—50% SURVIVOR PENSION
- ☐ STRAIGHT LIFE

Check here if here if you are a party to an EDRO or other court ordered beneficiary? ☐

Nomination of Beneficiary—*complete this section only if you've selected benefit OPTION A, B or C above.*

I have elected a survivor form of retirement as indicated above, my survivor beneficiary is as follows:

Beneficiary Name: _____ Relationship: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Telephone Number: _____

OPTION BENEFICIARY CANNOT BE CHANGED AFTER YOU START DRAWING YOUR PENSION. EXCEPTION: OPTION A BENEFICIARY MAY BE CHANGED ONCE WITHOUT COST, SUBSEQUENT CHANGES ARE SUBJECT TO ADMINISTRATIVE COSTS.

Nomination of Beneficiary for Refund of Accumulated Contributions

In the event of my death after retirement, I _____, hereby direct the General Employees Retirement System, to pay the amount of any refund of accumulated contributions which might become payable at the time of my death (as provided by the Retirement System) to my beneficiary as indicated below.

Beneficiary Name: _____ Relationship: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ Telephone Number: _____

If he/she has been disqualified by the terms of a court order or other applicable law and is not eligible to take proceeds as a beneficiary, then to my Contingent Beneficiary(ies) in legal shares (as listed below), if living; otherwise to my legal representatives.

Full Name:_____ Relationship: _____ Address: _____

Full Name:_____ Relationship: _____ Address: _____

_____ _____ _____ _____

Signature of Member Date Signature of Witness Date

Amended:11/25/2024