



CITY OF BATTLE CREEK POLICE AND FIRE RETIREMENT SYSTEM



**ELECTION OF RETIREMENT ALLOWANCE OPTION AND
NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS**

TO: Board of Trustees of the City of Battle Creek Police and Fire Retirement System

Name Sex SS#

Address Telephone

Date of Birth Evidence Submitted for Date of Birth (Birth Certificate, other)

Department Date of Hire

I have received the completed calculation of benefits form provided by the Retirement System. 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 60% of my regular retirement pension would be payable to my eligible spouse after my death) or an option form of retirement (in which case benefits would be paid after my death to my option beneficiary). I have reviewed a copy of the Retirement System Policy and agree to its terms and conditions. I knowingly and voluntarily have made this benefit election and understand and agree to the terms and conditions. I further acknowledge that representatives of the City and Retirement System do not give financial or tax advice and that I have had an opportunity to consult with a professional advisor.

I hereby elect the following form of retirement: CHECK OPTION ELECTED:

- STRAIGHT LIFE: Regular retirement benefit payable over the Participant's lifetime w/automatic 60% surviving spouse benefit. Spouse is defined under the Retirement System as my legal spouse on the date of my retirement and the date of my death.

Note: If you are married, your spouse must consent to a benefit election which is any form other than an election which provides your spouse a survivor benefit. Your spouse must also consent to the designation of a beneficiary other than your spouse

- OPTION I - Life Pension with 100% Survivor Pension: Reduced pension paid over your lifetime. Upon death, 100% of the reduced pension is continued for the remainder of designated beneficiary's life.
- OPTION II - Life Pension with 50% Survivor Pension: Reduced pension paid over your lifetime. Upon death, 50% of the reduced pension is continued for the remainder of designated beneficiary's life.

(WRITE IN FORM OF BENEFIT ELECTED)

MEMBER SIGNATURE

SPOUSE SIGNATURE FOR CONSENT TO OPTION I OR II: _____

NOMINATION OF BENEFICIARY FOR REFUND OF ACCUMULATED CONTRIBUTIONS

In the event of my death after retirement, I hereby direct the Retirement System to pay the amount of any refund of accumulated contributions which might become payable in the event of my death (as provided by the provisions of the Retirement System) to:

Name SS# Date of Birth

Address Relationship

If the above beneficiary shall predecease me, distributions shall be paid to:

Name SS# Date of Birth

Address Relationship

If no beneficiaries are living at the time of my death, then distributions shall be paid to my legal representatives.

Dated this _____ day of _____, 20_____.

Signature of Member Signature of Witness

NOTE: Only complete the following section if you elect an OPTION form of retirement allowance.
Do not complete the following if you elect the straight life form of retirement allowance.

**THIS OPTION BENEFICIARY CANNOT BE CHANGED
AFTER YOU START DRAWING YOUR PENSION**

I elected an option form of retirement as indicated above, and my option beneficiary is:

Name SS# Date of Birth

Address Relationship

SIGNATURE OF SPOUSE SIGNATURE OF WITNESS

FOR RETIREMENT SYSTEM USE ONLY

Date Received: _____ By: _____