

Manchester Employees' Contributory Retirement System
100% Contingent Annuitant Option Election

Name _____

Address _____

City, State, Zip Code _____

Date of Birth _____ Social Security # _____ Sex _____

Department _____ Home Phone # _____

Date Employed _____ Was Service Ever Interrupted? _____

If interrupted, state dates and reasons: _____

I hereby elect to receive a reduced retirement benefit during my lifetime commencing on _____
Date

and ceasing with the last payment preceding my death, with the provisions that my Contingent Annuitant shall receive for life, on survival after my death, **100%** of the monthly retirement benefit paid to me. On my death, or the death of my Contingent Annuitant, whichever is later, the excess of my contributions with interest over the total benefits received by me, will be paid in a single lump sum to my beneficiary if living, otherwise to the estate of the survivor. I also understand that if my Contingent Annuitant pre-deceases me, my benefit will increase to what it would have been, had I chosen the straight life annuity option upon my retirement.

I elect as my Contingent Annuitant:

Name Relationship

Full Address

Birth Date (**Proof of birth required**) Social Security Number

I elect as my Beneficiary(s):

Name Relationship

Full Address

Birth Date Social Security Number

Signature of Applicant Date Signature of Contingent Annuitant Date