

Manchester Employees' Contributory Retirement System
Ten Year Certain 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 if I die before the expiration of the guaranteed 120 payment period, the same benefit shall be continued to the below designated primary beneficiary, if living, for the balance of such 120 payment period. Should the primary beneficiary die before the expiration of the guaranteed 120 payment period, the payments will continue to the below designated secondary beneficiary, if living, otherwise the balance of the 120 payments will be paid in a single lump sum to the estate of the survivor.

I designate as my Primary Beneficiary:

I designate as my Secondary Beneficiary:

Name Relationship

Name Relationship

Address

Address

City, State, Zip

City, State, Zip

Date of Birth Social Security #

Date of Birth Social Security #

Signature

Date

(over)