

**Manchester Employees' Contributory Retirement System
STRAIGHT LIFE ANNUITY APPLICATION FORM**

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 the Straight Life form of annuity during my lifetime, commencing on _____ and ceasing upon my death. Upon my death, any excess of my
Date
contributions with interest over the total benefits I have received, will be paid in a single lump sum to my named primary beneficiary(s). If the primary beneficiary(s) are not living, then payment shall be made to my named secondary beneficiary(s), if living, otherwise to my estate.

I designate as my Primary Beneficiary(s):

I designate as my Secondary Beneficiary(s):

Name Relationship

Name Relationship

Address

Address

City, State, Zip

City, State, Zip

Date of Birth Social Security #

Date of Birth Social Security #

Signature

Date