

**NOTICE OF APPLICATION FOR RETIREMENT BENEFITS  
(SEPARATED / TERMINATED VESTED)**

NAME: _____
DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____
TELEPHONE #: _____ ALTERNATE #: _____
EMAIL ADDRESS: _____
I hereby apply for my retirement benefits effective the first day of _____, 20____ under the following City of Marietta/Marietta Board of Lights and Water Retirement Plan.
___ <b>PLAN 4022 (OLD PLAN)</b> ___ <b>PLAN 4532 (CONSOLIDATED)</b>

<b><u>RETIREMENT BENEFIT OPTIONS</u></b>
Please select one of the following options below. <b>Note: 4022 retirees only need to provide name and SSN of beneficiary to HR.</b>
___ Single Life Only <i>If married, spouse must sign waiver</i>
___ Joint & Survivor Option <i>Must provide survivor's SSN to HR.</i>
Survivor's name _____ Survivor's DOB _____
50%, 75% or 100% _____ Pop-up option Yes _____ No _____

**NOTE: Not eligible for retiree health and life insurance benefits**

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**HR INTERNAL USE ONLY**

**For HR use only**

Dept #: \_\_\_ 1403 \_\_\_ 1412

Mail Check \_\_\_

Pick-up Check \_\_\_

Updated June 2017