

CITY OF MARIETTA / BOARD OF LIGHTS AND WATER APPLICATION FOR RETIREMENT BENEFITS

Retiree Name: _____ Last 4 digits of Social Security#: xxx-xx-_____

SECTION I - RETIREMENT OPTION

I hereby apply for Early Unreduced Early Normal Delayed Disability
 Survivor Terminated Vested

Retirement benefits will be effective the first day of _____, 20_____

Monthly benefit \$ _____ Group number _____

I am aware of the retirement options available to me and elect to have my monthly retirement allowance payable as follows:

() PLAN 4022

- Single Life Benefit: The maximum allowance payable to me during my lifetime.
- Alternate Retirement Benefit: Unreduced early calculation of the Consolidated Plan (80-point pension) with no COLAs or survivor's benefits. Participant's spouse must consent to the election of this retirement option.
- *Social Security Option: An increased retirement benefit payable to me during my lifetime until my benefits commence under O.A.S.D.I. and a decreased retirement benefit payable thereafter for life. Social Security Estimate: \$ _____
Monthly Benefit until age ____: \$ _____ Monthly Benefit after age ____: \$ _____

() PLAN 4532 (CONSOLIDATED)

- Single Life Benefit: The maximum allowance payable to me during my lifetime. Participant's spouse must sign waiver of survivors benefit to elect this option.
- Joint and Survivor Benefit: An actuarially reduced monthly retirement benefit payable to me during my lifetime with a continuation of my benefits to my beneficiary for life.

Elect one: 50% 75% 100% / Do you want the Pop-Up Option? Yes No

- *Social Security Option: An increased retirement benefit payable to me during my lifetime until my benefits commence under O.A.S.D.I. and a decreased retirement benefit payable thereafter for life. Social Security Estimate: \$ _____
Monthly Benefit until age ____: \$ _____ Monthly Benefit after age ____: \$ _____

****Social Security Option only available to active employees retiring with a normal, early, or unreduced early retirement.***

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SECTION II - RETIREE INFORMATION

Full Name: _____

Last 4 digits of Social Security Number: xxx-xx-_____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ ZIP Code: _____

Phone #: _____ Email: _____

Signature: _____ Date: _____

By signing, I hereby request that monthly retirement payments be made payable to me and mailed to the above address until direct deposit is established (Note: direct deposit can take up to two pay periods to go into effect).

SECTION III – BENEFICIARY FOR SURVIVORS BENEFITS

I hereby designate the following named person as my beneficiary to whom any accrued retirement benefits shall be paid in accordance with the option elected above in Section I.

Beneficiary's Name: _____

Relationship: _____ Date of Birth: _____

Gender: Male Female Social Security Number: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ Email: _____

SECTION IV - SIGNATURES

This application was reviewed and approved by the Pension Board on: _____.

Pension Board Chairperson Date: _____

Pension Board Secretary Date: _____

Calculation Committee Chairperson Date: _____