



# Application for Retirement Supplemental Pension Plans

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## 1. Applicant Information (Please Print)

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| <b>Name:</b> _____                                      | <b>EID #:</b> _____                            |
| <b>Address:</b> _____<br>_____                          | <b>Gender:</b> _____                           |
| <b>Email Address:</b> _____                             | <b>SSN Last 4:</b> _____                       |
| <b>Retirement Type:</b> <input type="checkbox"/> Normal | <b>Phone #:</b> _____                          |
| <input type="checkbox"/> Vested                         | <b>Date of Birth:</b> _____                    |
|   | <b>Retirement Effective Date:</b> ____/01/____ |

## 2. Election of Retirement Allowance (Select one only)

In accordance with the provisions of the Prince George's County Government Supplemental Pension Plans providing various optional retirement allowances, I hereby elect that my allowance be paid under the conditions indicated below.

I understand that this election is final and the election to receive a Joint and Survivor form of benefit must be made prior to the commencement of my retirement. No further change can be made thereafter.

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- UNREDUCED:** I hereby elect to receive this monthly retirement allowance payable throughout my lifetime. In the event of my death, my named beneficiary(ies) will receive my accumulated contributions, less the sum of the monthly annuity payments received during my lifetime.
- 50% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 50% of that amount shall be continued during the lifetime of my named eligible spouse. In the event my Spouse predeceases me, no adjustment will be made to my monthly benefit.
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**3. Election of Contingent Annuitant (Proof of Contingent's date of birth is required)**

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Relationship: \_\_\_\_\_

Birth  
Date: \_\_\_\_\_

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**Please sign in the presence of a Notary**

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I hereby authorize the Prince George's County Supplemental Pension Plan to make payment according to the option selected in Section 2. To the best of my knowledge and understanding, the above information is correct and any benefits payable to me will be determined in accordance with the above information.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_. Before me, the undersigned officer, personally appeared \_\_\_\_\_, known to me (or has satisfactorily proven) to be the person whose name is subscribed to the within the instrument and acknowledged that he/she executed the same for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

\_\_\_\_\_  
Signature of Notary Public

My Commission expires: \_\_\_\_\_

I certify that the information contained herein is correct and is furnished in accordance with the provisions of the Prince George's County Supplemental Pension Plan.

\_\_\_\_\_  
Retirement Administrator

\_\_\_\_\_  
Date