

APPLICATION FOR OPTION CHANGE INSTRUCTIONS - READ CAREFULLY

This application may only be used to change the retirement option of a member who retired under an Option 2, Option 3, or a Special Joint and Survivor Option, when; the original designated survivor predeceases you or you are awarded a divorce or you marry, after the date of your previous option election.

READ THESE INSTRUCTIONS AND THE OPTION CHANGE COUNSELING CHECKLIST COMPLETELY - ONCE FILED WITH SERS, YOUR ELECTION ON THIS APPLICATION IS FINAL AND BINDING AND MAY NOT BE CHANGED EXCEPT FOR THE CIRCUMSTANCES LISTED ABOVE.

GENERAL

All information on your application forms should be typed or legibly printed in black ink. Signatures, where required, should be in black ink. When forms contain mistakes or alterations, SERS may not honor them; therefore we recommend that you complete a new form.

If your designated survivor has predeceased you, there will be NO DEATH BENEFIT payable on your account until you elect a new payment plan by completing and filing a new Application for Option Change. The "Decedents, Estates and Fiduciaries Code states that if you are awarded a divorce and you are domiciled in this Commonwealth the survivor benefit will become ineffective. Your former spouse may still receive a survivor benefit if a court order or Application for Option Change filed after the date of divorce, so states.

If you elect to receive your monthly retirement benefit under Option 1, or a Special Option 4 without a joint and survivor annuity, you cannot designate your beneficiary(ies) on this application. You should complete a SERS-403, Beneficiary Nomination form and attach the form to this application.

RETIRED MEMBER INFORMATION

Insert your full name and Social Security number in the spaces provided. Also check the appropriate "Reason for Option Change" block.

PART A MONTHLY PAYMENT PLANS

To elect a new option you should select one of the monthly payment plans. Sign and date ONLY the plan you want to elect.

If you elect **SPECIAL OPTION 4**, a letter specifying the details of your selection must be attached. This letter should include the method of distribution to your beneficiary(ies) or designated survivor annuitant(s). Because payments under Special Option 4 must be certified to be of equivalent value, arrangements with SERS should be made in advance. Some of the restrictions under this plan are: (a) The monthly annuity shall be payable without reduction during the member's lifetime, and (b) The sum of all annuities payable to any designated survivor annuitant may not exceed one and one-half times the amount of the annuity paid to the member.

PART B DESIGNATED SURVIVOR ANNUITANT INFORMATION (Options 2, 3, or Special Option 4 with a Joint and Survivor annuity)

Complete this section ONLY if you choose to receive your monthly retirement benefits under Option 2, 3, or a Joint and Survivor annuity under Special Option 4. If you choose any other monthly payment plan, leave this section blank.

Designated Survivor Annuitants must be listed with their first or given name. For example: Jane Smith, NOT Mrs. William Smith. The Designated Survivor Annuitant may not be changed after you file an Application for Option Change except in the case of death, or your divorce, or marriage. In such case, contact your SERS Regional Counseling Center immediately for further information.

You MUST submit satisfactory proof of DATE OF BIRTH documentation for your Designated Survivor Annuitant with this application. A certified copy of either a BIRTH CERTIFICATE or BAPTISMAL CERTIFICATE is preferred. In neither is available, CERTIFIED copies of any TWO of the following may be substituted, listed in order of preference.

- | | | |
|------------------------------|--|--|
| 1 - Selective Service Record | 6 - Naturalization Record | 10 - Federal Census Record (taken as close to age 5 as possible) |
| 2 - Armed Forces Discharge | 7 - Alien Registration Record | 11 - Physician's or Midwife's record or birth |
| 3 - Passport | 8 - Marriage Record listing birthdate or age, and date of the record | 12 - Valid Pennsylvania Driver's License |
| 4 - School Record | 9 - Letter from Social Security verifying age | 13 - Bible or other Family Record |
| 5 - Life Insurance Policy | | |

PART C CERTIFICATION

Carefully read the certification statement before signing and dating your application. Remember, once this form is completed and filed with SERS, your elections are final and binding. **Two persons should sign this application as witnesses to your signature.**

1. INSTRUCTIONS



◆ **APPLICATION FOR OPTION CHANGE** ◆

SS# _____

RETIRED MEMBER INFORMATION

NAME: FIRST MIDDLE LAST REASON: DEATH
 DIVORCE MARRIAGE

PART A MONTHLY PAYMENT PLANS - COMPLETE ONLY ONE PLAN

MAXIMUM SINGLE LIFE ANNUITY **OPTION 1**

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE THE MAXIMUM AMOUNT EACH MONTH FOR LIFE. THERE IS NO DEATH BENEFIT PAYABLE UNDER THIS OPTION. THE MONTHLY ANNUITY OWED TO ME AT THE TIME OF MY DEATH WILL BE PAID TO MY ESTATE.

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. ALSO, A VALUE WILL BE PLACED ON MY RETIREMENT, CALLED THE "PRESENT VALUE". ALL PAYMENTS TO ME ARE SUBTRACTED FROM THE PRESENT VALUE AND ANY BALANCE REMAINING AT MY DEATH WILL BE PAID TO MY BENEFICIARY(IES). I MAY NAME ONE OR MORE BENEFICIARIES AT ANY TIME BY COMPLETING A SERS-403 BENEFICIARY NOMINATION FORM.

Signature _____ Date _____ Signature _____ Date _____

OPTION 2 **OPTION 3**

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. THE AMOUNT OF REDUCTION IS BASED ON THE SEX AND AGE OF MYSELF AND THE PERSON I NAME AS MY "DESIGNATED SURVIVOR ANNUITANT" IN PART B OF THIS FORM. AT MY DEATH, THAT PERSON WILL CONTINUE TO RECEIVE FOR LIFE THE SAME MONTHLY AMOUNT I RECEIVED PRIOR TO MY DEATH, LESS ANY NON-TRANSFERABLE PARTS OF THE COST OF LIVING ALLOWANCES I MAY BE RECEIVING.

I UNDERSTAND THAT UNDER THIS PLAN I WILL RECEIVE A REDUCED RETIREMENT ALLOWANCE FOR LIFE. THE AMOUNT OF REDUCTION IS BASED ON THE SEX AND AGE OF MYSELF AND THE PERSON I NAME AS MY "DESIGNATED SURVIVOR ANNUITANT" IN PART B OF THIS FORM. AT MY DEATH, THAT PERSON WILL CONTINUE TO RECEIVE FOR LIFE, HALF OF THE MONTHLY AMOUNT I RECEIVED PRIOR TO MY DEATH, LESS ANY NON-TRANSFERABLE PARTS OF THE COST OF LIVING ALLOWANCES I MAY BE RECEIVING.

Signature _____ Date _____ Signature _____ Date _____

SPECIAL OPTION 4

I ELECT ANOTHER FORM OF MONTHLY PAYMENT PLAN AS SPECIFIED IN THE ATTACHED LETTER. COMPLETE DETAILS, INCLUDING METHOD OF DISTRIBUTION ARE LISTED. THIS PLAN COMPLIES WITH THE GUIDELINES IN THE RETIREMENT CODE.

Signature: _____ Date: _____

PART B DESIGNATED SURVIVOR ANNUITANT INFORMATION (FOR OPTION 2, 3, OR SPECIAL OPTION 4 WITH A SURVIVOR ANNUITY)

Full Name Date of Birth SEX MALE FEMALE Social Security Number

Address (street, city, state, zip code) Relationship SPOUSE OTHER

PART C CERTIFICATION

I, _____, BEING OF SOUND MIND, HEREBY MAKE THE FOLLOWING CERTIFICATION: HAVING READ AND UNDERSTOOD ALL OF THE PRECEDING PROVISIONS, I UNDERSTAND THAT THE RETIREMENT OPTION PLAN SELECTION I MADE ON THIS APPLICATION IS FINAL AND BINDING, AND I HEREBY DECLARE THAT I INTEND TO BE LEGALLY BOUND BY THIS ELECTION.

_____ Date

TWO PERSONS MUST WITNESS YOUR SIGNATURE.

WITNESS SIGNATURE: _____ WITNESS SIGNATURE: _____

ADDRESS _____ ADDRESS _____