



# APPLICATION FOR RETIREMENT BENEFITS

Name: Last, First G# Sex

Street City State Zip

Date of Birth Date of Hire Termination Date Retirement Plan: PSS MGS POLC

Spouse's Full Name Spouse's Date of Birth

Beneficiary's Full Name Relationship

I hereby apply under the plan for the above type of retirement payments to begin on:
Payments are on the first of the month. Month/Day/Year

My total gross earnings during my last calendar year of work at GVSU was \$

### DESCRIPTION OF OPTIONAL FORMS OF PAYMENT:

Single Life Pension: A monthly retirement benefit payable during the life of the retired participant only with no payments continuing after his or her death.

Joint and 50% Survivor Benefit: A reduced monthly retirement benefit payable during the life of the retired participant with the provision that after his or her death, it shall continue at one-half of such rate during the life of, and shall be paid to the participant's surviving spouse, if such person survives him or her.

Joint and 66-2/3% Survivor Benefit: A reduced monthly retirement benefit payable during the life of the retired participant with the provision that after his or her death, it shall continue at sixty six and 2/3 of such rate during the life of, and shall be paid to the participant's surviving spouse, if such person survives him or her.

Joint and 100% Survivor Benefit: A reduced monthly retirement benefit payable during the life of the retired participant with the provision that after his or her death, it shall continue at the same rate during the life of, and shall be paid to the participant's surviving spouse, if such person survives him or her.

120 Months Certain and Life Thereafter Option: A reduced monthly benefit payable during the life of the retired participant with the provision that if the participant dies before 120 payments have been received, the remaining payments are continued to the beneficiary, who was designed by the participant in writing, until 120 payments have been made.

I understand that the Pension Committee's acceptance of this application is in no way a determination that I am entitled to receive a pension and that my eligibility will be determined by the Committee in accordance with the Pension Plan.

Signature of Staff Member or Authorized Person Date