

ELECTION OF OPTION TWO-D

(Request for payment of Death Benefit as Monthly Life Pension to Beneficiary.)

In accordance with the provisions of the County Pension Law, Act No. 96 of 1971 as amended, for counties of the Commonwealth of Pennsylvania, I hereby elect Option Two-D for the payment of the Death Benefit in event of my death in active service. It is understood and agreed that under the provisions of this option, the actuarial equivalent of my member annuity and my county annuity in a lesser monthly pension under Option Two will be payable to my beneficiary throughout life, in lieu of the payment of a lump sum under an Option One computation. I designate my beneficiary, a person having an insurable interest in my life, as follows:

Name of Beneficiary _____
(Please Print)
Address _____
Insured Relationship to Member _____
Date of Beneficiary's Birth _____ Sex _____
Social Security Number _____

The execution of this designation of beneficiary revokes all prior designations that I have made.

In the event that I and my designated beneficiary die before receiving payments at least equal to my accumulated deductions as of the date of my retirement, an amount equal to the balance of my accumulated deductions shall be paid to my designated contingent beneficiary, a person having an insurable interest in my life as follows. I declare the above facts to be true to the best of my knowledge and belief.

Name _____ Social Security Number _____
Address _____

Date Signature of Retiree

(Not to be Filled in by Member)

Date of Birth of Beneficiary Verified
From
Witness

Signed _____
For the Retirement Board

Date _____