

**MONTGOMERY COUNTY EMPLOYEES' RETIREMENT SYSTEM**  
**Application for Retirement Benefits**

NAME \_\_\_\_\_

Retirement Group Code

SSN \_\_\_\_\_

Branch Code

ADDRESS \_\_\_\_\_

Gender

\_\_\_\_\_

Date of Birth

PHONE NUMBER \_\_\_\_\_

**This is my application for \_\_\_\_\_ retirement to be effective on \_\_\_\_\_. I certify that the information on this form and the birthdate(s) submitted is/are true and correct to the best of my knowledge.**

**BENEFIT PAYMENT OPTIONS:**

- Modified Cash Refund Annuity
- Ten Year Certain and Continuous
- Joint and \_\_\_\_\_% Survivor Annuity
- Joint and \_\_\_\_\_% Survivor Pop-Up Annuity
- Social Security Adjustment for age \_\_\_\_\_
- Combined Joint and \_\_\_\_\_% Survivor with Social Security Adjustment for age \_\_\_\_\_

**The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed.**

I elect as my Joint Annuitant (name) \_\_\_\_\_, (ssn) \_\_\_\_\_,

(date of birth) \_\_\_\_\_.

\_\_\_\_ Proof of Age submitted for joint annuitant

\_\_\_\_ Proof of Marriage submitted

\_\_\_\_ Domestic Partner Affidavit submitted

\_\_\_\_\_  
(Member's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Joint Annuitant's Signature)

\_\_\_\_\_  
(Date)