



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS
EMPLOYEES' RETIREMENT SYSTEM
Application for Retirement

NAME _____ SSN _____
ADDRESS _____ DATE OF BIRTH _____
EMAIL ADDRESS _____
PHONE NUMBER _____

I hereby elect to retire effective _____ and certify that the information indicated on this form is correct. I elect to receive my benefit in the option noted below:

BENEFIT PAYMENT OPTIONS: Please refer to the Summary Plan Description for your retirement plan for a description of the options listed below. You can obtain the Summary Plan description at www.montgomerycountymd.gov/retirement or by calling 240-777-8230.

- Modified Cash Refund Annuity
Ten Year Certain and Continuous
Joint and Survivor Annuity (100%, 70%, 50%, 30%, 20%)
Joint and Survivor Pop-Up Annuity (100%, 70%, 50%, 30%, 20%)
Social Security Adjustment (age 62, age 65)
Social Security Adjustment Combined with Joint and Survivor (age 62, age 65, 100%, 70%, 50%, 30%, 20%)

The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed after the first retirement payment has been made except in the case of a subsequent Disability Retirement award.

I elect as my Joint Annuitant (name) _____, (SSN) _____,

(date of birth) _____.

- Proof of Age submitted for Spouse/Domestic Partner annuitant
Proof of Marriage submitted
Domestic Partner Affidavit submitted
Social Security Card
Proof of Birth Certificate (for child annuitant)

Participant's Signature _____ Date _____

MCERP Date Received: _____ Ret Code: _____ 02/13