



MONTGOMERY COUNTY EMPLOYEE RETIREMENT PLANS
EMPLOYEES' RETIREMENT SYSTEM
Guaranteed Retirement Income Plan (GRIP) – Annuity Application

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

I hereby elect that my GRIP account balance be converted to an annuity option, as selected below, effective _____ and certify that the information indicated on this form is correct. The effective date must be the first day of a month following your termination of employment from the County or a participating agency and must be after your final GRIP contribution has been processed and earnings have been posted to your account). Your application must be received by MCERP prior to your separation of service from the County or a participating agency.

BENEFIT PAYMENT OPTIONS: Please refer to the GRIP Summary Plan Description for additional information on these options at www.montgomerycountymd.gov/retirement or for a copy call 240-777-8230.

- Single Life Annuity
Joint and Survivor Annuity
100% 70% 50% 30% 20%

The payment option elected, as well as the designated Joint Annuitant (if applicable), cannot be changed after the first annuity payment has been processed. The first annuity payment will be the processed on the first of the month following the date your final GRIP contribution has been processed and earnings have been posted to your account.

I elect as my Joint Annuitant (name) _____,
(SSN) _____ and (date of birth) _____.

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

Participant's Signature _____ Date _____

MCERP Date Received: _____ Ret Code: _____ 07/2015