

Application for Election of Joint and Survivor Pension Option

Please complete, **sign and date this form** and return it to the Board of Pensions to select or change your pension option: the normal pension or a joint and survivor option. Unless the Board of Pensions receives this completed form before the member retires or dies, the election of an option is not effective.

If you plan to retire between ages 55 and 62 (early retirement), you may also elect the Social Security Leveling Option; see information in *Directions for Retiring Under the Benefits Plan*. The retirement materials explain all your options in detail.

A Member Information

Name _____ Soc. Sec. # _____

Birth date _____
(mm/dd/yy)

B Spouse Information

Spouse name _____ Spouse Soc. Sec. # _____

Spouse birth date _____ Date of marriage _____
(mm/dd/yy) (mm/dd/yy)

Currently married members (one year or more), please skip to Page 2.

Unmarried members (or members married less than one year):

I certify that currently I

- am not married.
 have been married less than one year.

I understand that my benefit will be paid under the Normal Pension Benefit. I understand that this benefit is equal to 100% of my pension credits adjusted for early or post-normal retirement or the Social Security Leveling Option.

Member signature _____ Date _____

Permanent mailing address _____

City _____ State _____ Zip _____

Phone () _____ Email _____
(Supply only if you do not mind being contacted by email.)

Currently unmarried members (or members married less than one year) STOP HERE. Do not complete Page 2.

C Selection

Mark only one option.

For more information about the benefits, please refer to *Understanding the Joint and Survivor Options for your Retirement Pension Benefits* (PLN-108). You may also refer to Article VIII of *The Benefits Plan of the Presbyterian Church (U.S.A.)*.

Check One	Payment Option	Explanation of Option
<input type="checkbox"/>	Normal	After your death, your spouse or eligible survivor will receive 50% of the pension credits you accrued.
<input type="checkbox"/>	Option I	After your death, your spouse will receive 75% of the monthly benefit you received.
<input type="checkbox"/>	Option II	After your death or the death of your spouse, the survivor (either you or your spouse) will receive 75% of the monthly benefit you received while you both were living.
<input type="checkbox"/>	Option III	After your death or the death of your spouse, the survivor (either you or your spouse) will receive 66 ² / ₃ % of the monthly benefit you received while you both were living.
<input type="checkbox"/>	Option IV	After your death or the death of your spouse, the survivor (either you or your spouse) will receive 100% of the monthly benefit you received while you both were living.

Joint and Survivor Option effective date. Please select one:

- When the Board receives this completed election form.
- When I retire. (If you die between the date the Board receives this form and your retirement date, the normal survivor's pension benefit will be paid.) Retirement Date _____
(mm/dd/yy)

D Agreement

I have selected the option for my retirement pension above. I understand that unless the Board of Pensions receives this completed form before the member retires or dies, the election of an option is not effective.

If I choose any one of the Joint and Survivor options above, I understand that

- If I die after reaching age 55, but before I retire, my surviving spouse receives a pension for life. It shall be the product of the applicable percentage and the amount of the retirement pension I would have received had I retired on the date of my death.
- The survivor's pension payable to my surviving spouse shall not be less than the survivor's pension which would be payable had I not elected an option.
- I may cancel the election of an option before the date on which my retirement pension is to begin. The cancellation is effective when the Board receives the notice to cancel in writing. The Board will reduce the amount of my retirement benefit to reflect the cost of the additional survivor protection provided up to the cancellation.
- If my spouse dies before I retire, the election of this option shall be cancelled. The Board will reduce the amount of my retirement benefit to reflect the cost of the additional survivor protection provided up to the cancellation.
- The election of this option shall not be effective unless the Board of Pensions receives it before I retire.
- I have been married at least one year at the time of retirement so that I may choose from among options I through IV.

Member signature _____

Date _____

(mm/dd/yy)

Spouse signature _____

Date _____

(mm/dd/yy)

Please return completed form to:

The Board of Pensions of the Presbyterian Church (U.S.A.)
2000 Market Street, Philadelphia, PA 19103-3298
800-773-7752 (800-PRESPLAN)