

1.a. Name of Employee: _____
(last) (first) (middle)

b. Social Security Number: _____

c. Date of Birth: _____ Date Employed: _____

b. Last Department You Worked For: _____

e. Home Telephone Number: (_____) _____

f. Home Address: _____
(address and street)

(city, state, zip code)

g. Permanent Address To Which Correspondence Should Be Sent (if different): _____

2.a. Are you currently married: Yes _____ No _____
(If yes, complete the following for your spouse. If no, complete for your beneficiary.)

b. Name of Spouse/Beneficiary: _____
(last) (first) (middle)

c. Social Security Number: _____

d. Date of Birth: _____ Date of Marriage: _____

3. Contingent Beneficiary:

a. Name & Relationship: _____

b. Social Security Number: _____

c. Address: _____

4. Type of Retirement For Which You Are Applying (check one):

_____ Normal Retirement

_____ Early Retirement

5. I Plan to enter the DROP Plan on: _____

6. I plan to retire on: _____

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for benefits. I have reviewed the Designation of Beneficiary Form filed with the Board of Trustees and I hereby certify its accuracy. If I desire to change my designated beneficiary(ies), I will file a new Designation of Beneficiary Form with this application. This application revokes any prior applications.

(Witness' Signature)

(Employee's Signature)

Date: _____