

**CITY OF GULFPORT
GENERAL EMPLOYEES' PENSION PLAN**

**MEMBER'S PRE-RETIREMENT ELECTION OF BENEFIT OPTION
(Members who Work Beyond the Normal Retirement Date)**

I, _____, have reached my normal retirement eligibility date pursuant to the System and I am continuing to work. While an option made pursuant to this Pre-Retirement Election of Benefit Option is in effect, the monthly retirement income payments will be made, or a retirement benefit will be paid, under the option I elect, to my beneficiary (or beneficiaries) or joint annuitant designated by me in the amount or amounts computed as if I had retired on the date on which my death occurs. I am making the following Pre-Retirement Election of Benefit Option in the event that I die prior to my actual retirement. I understand that once I reach my actual retirement date and terminate employment, I may change this Pre-Retirement Election of Benefit Option.

- A. **PARTIAL LUMP SUM BENEFIT.** A lump sum benefit of 10%, 15%, 20%, or 25% of the value of my total benefit which will reduce the benefits paid under B below.

_____ I elect a partial lump sum benefit of _____% to be paid to my beneficiary or joint annuitant. Enter zero (0%) if no lump sum is elected.

- B. In addition to any partial lump sum benefit selected in A. above, I elect to receive a benefit under the following option (initial one):

_____ **TEN YEAR ANNUITY** - These monthly benefits are paid to the surviving beneficiary for the 10 year period. The benefit ceases at the end of the ten year period.

Please indicate the name of your Beneficiary: _____
(Member's Designation of Beneficiary (PF-3) must be completed to confirm this designation)

_____ **JOINT AND SURVIVOR** - These monthly benefits are paid to the joint annuitant until death, determined as if I had retired on my date of death and elected the 100% joint and survivor benefit.

Please indicate the name of your Joint Annuitant: _____

Signature: _____ Date: _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this this _____ day of _____, 20____ by _____.

Notary Public

Name typed, printed or stamped
My Commission Expires: _____

Personally known _____ OR Produced Identification _____. Type of Identification Produced: _____.