|  |  |  |
| --- | --- | --- |
|  | **REQUEST FOR RETIREMENT** |  |
|  |  |  |
|  | TO THE BOARD OF TRUSTEES: |  |
|  |  |  |
|  | In accordance with the provisions of Act 454 of the 1949 General |  |
|  |  |  |
|  | Assembly, I, |       | , |
|  |  |  |
|  | a member of the Arkansas State Highway Employees’ Retirement System and |  |
|  |  |  |
|  | enrolled under Retirement No. |       | hereby request |  |
|  |  |  |
|  | retirement on |       | having qualified by attaining the age of |  |
|  |  |  |
|  |    | with |    | years of creditable service as provided for in said Act, |  |
|  |  |  |
|  | I choose |       | annuity as indicated on the |  |
|  |  |  |
|  | second page of this form. |  |
|  |  |  |
|  |  |  |
|  | Name |       |       |       |  |
|  |  | (First Name) | (Middle Name) | (Last Name) |  |
|  | District or Division |       |  |
|  | HomeAddress |       |  |
|  | City, State and Zip Code |       |  |
|  | Signature |  |  |
|  |  | (Member) |  |
|  |
|  | Social Security Number |       | Date |       |  |

|  |
| --- |
| DO NOT WRITE BELOW THIS LINE |
| ANNUITY PAYMENTS |
| PERIOD OF PAYMENT | MONTHLYANNUITY | PRIORDEDUCTION | NET PAY | PREPAREDBY | VERIFIEDBY | APPROVED |
| First Month or Fraction Thereof |  |  |  |  |  |  |
| Each Month Thereafter |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Prior Service Completion Date |  | Date Approved |  |
|  |

**REQUEST FOR RETIREMENT (Con’t)**

**STRAIGHT LIFE**

|  |
| --- |
| I herewith request a Straight Life Annuity in lieu of Option A or Option B explained below. |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| Date |       | Signature of Applicant |  |
|  |  |  |  ***(to be signed in front of notary)*** |
|  |  |  |  |  |  |  |  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **OPTION A** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I elect to receive an amount calculated to provide an actuarially equivalent benefit under Arkansas Code 24-5-118, payable to me for life |
| Or a period of one hundred twenty (120) monthly payments. My designated beneficiary is: |
|  |  |  |  |  |  |  |  |
| **BENEFICIARY INFORMATION:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| NAME |       |
|  |  |
| ADDRESS |       |
|  |  |  |  |  |  |  |  |
| Social Security Number |       | Signature of Applicant |  |
|  |  |  |  |  ***(to be signed in front of notary)*** |
|  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **OPTION B** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| I elect to receive an amount calculated to provide an actuarially equivalent benefit under Arkansas Code 24-5-118, payable for my life and |
| ½ of my annuity to my beneficiary at the time of my death. My designated beneficiary is: |
|  |  |  |  |  |  |  |  |
| **BENEFICIARY INFORMATION:** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| NAME |       | Date of Birth |       |
|  |  |
| ADDRESS |       |
|  |  |
| Social Security Number |       | Signature of Applicant |  |
|  |  |  |  ***(to be signed in front of notary)*** |
|  |
|  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| FORM MUST BE NOTARIZED |
|  |  |  |  |  |  |  |  |
| State of  |  | County of  |  |  |
| Subscribed and sworn to before me on this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_.  |
|  |  |  |  |
|  |  | Notary Public |  |
|  (SEAL) |
|  |  My commission expires  |  |
|  |
|  |