

NOTIFICATION OF BENEFITS AND ELECTION

MEMBER'S NAME: _____

PAYABLE TO: _____ DATE FIRST PAYMENT DUE: _____
(Name of Member or Survivor)

SERVICE: FROM _____ TO _____

YEARS OF CREDITED SERVICE: _____

TYPE OF BENEFIT: NORMAL RETIREMENT EARLY RETIREMENT DISABILITY SURVIVOR / GUARDIAN PENSION

I. Benefits under Arizona Elected Officials' Retirement Plan:

Law 1985 Amendment _____

A. Monthly pension payable to Member (A.R.S. Section 38-805 and 38-808). \$ _____

B. Monthly pension payable to survivor. (If applicant is the member, the spouse's benefit shown here will be payable upon death of the retired member if all requirements of A.R.S. Section 38-807 are met). \$ _____

II. Benefits from prior system:

The applicant may elect to receive the following benefits because of membership in a prior system in lieu of the above. \$ _____

Election and Acceptance by Member or Survivor
(Initial the appropriate line below)

(Initial)

_____ **I ELECT TO ACCEPT** the type of pension benefit reflected above as well as the amount of benefits as determined under **ITEM I** above, representing the benefits payable to me and to my survivors under the Arizona Elected Officials' Retirement Plan.

_____ **I ELECT TO RECEIVE** the benefits under **ITEM II** in accordance with the prior system designated as _____.

I UNDERSTAND that this election to receive benefits pursuant to this document and under the EORP or another system may not be revoked and is binding upon me or any beneficiary or survivor unless otherwise provided by law.

WITNESS SIGNATURE

SIGNATURE OF MEMBER OR SURVIVOR

DATED: _____