



Application for Retirement Police Pension Plan

1. Applicant Information (Please Print)

EID #: _____

Name: _____ Gender: _____

Address: _____ SSN Last 4: _____

_____ Phone #: _____

Email Address: _____ Date of Birth: _____

Retirement Type: Normal Disability Non-Service Connected

Vested Service Connected

Retirement Effective Date: ____/01/____

2. Election of Retirement Allowance (Select One Only)

In accordance with the provisions of the Prince George's County Police Pension Plan providing various optional retirement allowances, I hereby elect that my allowance be paid under the conditions indicated below.

I understand that this election is final except for if I have chosen a Contingent Annuitant form of benefit. I understand that I may revoke this election after the commencement date of my retirement within six (6) months of my retirement date. I further understand that I must secure the consent of my Contingent Annuitant, if the change will eliminate or modify my Contingent Annuitant's interest. My decision to make such a change is irrevocable, and no further change can be made thereafter.

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- UNREDUCED:** I hereby elect to receive this monthly retirement allowance payable throughout my lifetime. In the event of my death, my named beneficiary(ies) will receive my accumulated contributions, less the sum of the monthly annuity payments received during my lifetime.
 - 25% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 25% of that amount shall be continued during the lifetime of my named Contingent Annuitant. In the event my Contingent Annuitant predeceases me or in the event of a valid and final decree of divorce, my monthly benefit shall be increased to the level it would have been had I not elected this reduced retirement benefit.

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- 50% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 50% of that amount shall be continued during the lifetime of my named Contingent Annuitant. In the event my Contingent Annuitant predeceases me or in the event of a valid and final decree of divorce, my monthly benefit shall be increased to the level it would have been had I not elected this reduced retirement benefit.
- 66.67% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 66.67% of that amount shall be continued during the lifetime of my named Contingent Annuitant. In the event my Contingent Annuitant predeceases me or in the event of a valid and final decree of divorce, my monthly benefit shall be increased to the level it would have been had I not elected this reduced retirement benefit.
- 75% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 75% of that amount shall be continued during the lifetime of my named Contingent Annuitant. In the event my Contingent Annuitant predeceases me or in the event of a valid and final decree of divorce, my monthly benefit shall be increased to the level it would have been had I not elected this reduced retirement benefit.
- 100% OPTION:** I hereby elect to receive a reduced monthly retirement allowance payable throughout my lifetime with the provision that upon my death, 100% of that amount shall be continued during the lifetime of my named Contingent Annuitant. In the event my Contingent Annuitant predeceases me or in the event of a valid and final decree of divorce, my monthly benefit shall be increased to the level it would have been had I not elected this reduced retirement benefit.

3. Election of Contingent Annuitant (Proof Of Contingent's Date Of Birth Is Required)

Name: _____

SSN: _____ Relationship: _____

Date of Birth: _____

Please sign in the presence of a Notary

I hereby authorize the Prince George's County Police Pension Plan to make payment according to the option selected in Section 2. To the best of my knowledge and understanding, the above information is correct and any benefits payable to me will be determined in accordance with the above information.

Applicant Signature

Date

On this _____ day of _____, 20____. Before me, the undersigned officer, personally appeared _____, known to me (or has satisfactorily proven) to be the person whose name is subscribed to the within the instrument and acknowledged that he/she executed the same for the purpose therein contained.

In witness whereof I hereunto set my hand and official seal.

Signature of Notary Public
My Commission expires: _____

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I certify that the information contained herein is correct and is furnished in accordance with the provisions of the Prince George's County Police Pension Plan.

Retirement Administrator

Date