

**Pontiac General Employees' Retirement System  
Option 2 Election Form**

I, \_\_\_\_\_, a member of the Pontiac General Employees' Retirement System, having 10 or more years of credited service for retirement, hereby elect Option 2 pursuant to Section 18.2 of the Retirement Ordinance and nominate as my beneficiary:

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Beneficiary's Name

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Beneficiary Address

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Beneficiary's City

State

Zip Code

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Beneficiary's Social Security Number

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Beneficiary's Date of Birth

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Beneficiary's Relationship to Member

I hereby certify that said beneficiary is dependent upon me for at least 50 percent (50%) of his/her support due to lack of financial means. I understand that I may revoke this election and beneficiary prior to my effective date of retirement and may again elect Option 2 and a beneficiary as provided for in Section 18.2 of the Ordinance.

I acknowledge as long as this election is in force, that upon my death, the beneficiary named herein, if still living, will receive the same retirement allowance to which I would have been entitled if I had retired the day preceding my death.

I understand that I may, prior to my effective date of retirement, elect to receive my retirement allowance as a regular retirement benefit or other optional form and may at that time name a new beneficiary.

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Member Signature

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Witness Signature

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Date

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Witness Name Printed