Pontiac General Employees' Retirement System Option 2 Election Form

I,	, a me	ember of the Pontiac General Employees'
Retirement System, having 10 or	more years of cred	dited service for retirement, hereby elect
Option 2 pursuant to Section 18.2	2 of the Retirement	Ordinance and nominate as my beneficiary:
Beneficiary's Name		
, , , , , , , , , , , , , , , , , , ,		
Beneficiary Address		
Deficitedary 7 (duress		
D	C4-4-	7:- 0-1-
Beneficiary s City	State	Zip Code
Beneficiary' Social Security Nun	nber	
Beneficiary's Name Beneficiary's City State Zip Code Beneficiary's Social Security Number Beneficiary's Pate of Birth 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.		
Beneficiary's Relationship to Me	mber	
1		
I hereby certify that said benefici	arv is dependent up	pon me for at least 50 percent (50%) of
•		<u> </u>
* *		
provided for in Sec	••••••••••••••••••••••••••••••••••••••	
Lacknowledge as long as this elec	ction is in force, tha	at upon my death, the beneficiary named
		it and wance to which I would have been
entitled if I flud retired the day pr	eccaming my death.	
Lunderstand that I may prior to r	my effective date of	of retirement, elect to receive my retirement
	benefit of other op	tional form and may at that time name a new
contentary.		
Member Signature	- Witness	ss Signature
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Date	Witness	ss Name Printed
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