IOWA DEPARTMENT OF PUBLIC SAFETY
PEACE OFFICERS' RETIREMENT, ACCIDENT AND DISABILITY SYSTEM
215 EAST 7TH STREET, 4TH FLOOR, DES MOINES, IA 50319

ELECTION OF OPTIONAL FORM OF PAYMENT - DESIGNATION OF BENEFICIARY

Please complete this form and return to the address shown above.

I,_____hereby Acknowledge that I understand the optional retirement benefits as stated in the **NOTICE OF OPTIONAL RETIREMENT BENEFITS.**
I also understand that when the first benefit payment is cashed, or deposited in my account, the optional form of payment that I choose, and the beneficiary named, are irrevocable and may not be changed.

(Complete either A or B)

A. I hereby **WAIVE** my right to optional benefits and choose the basic benefit provided for by the statute**.**
_____**(** initial here**)** **OR**

B. I hereby choose the following **optional benefit: (initial your selection)**

_____ **Option # 1: Straight Life Annuity**

_____ **Option # 2: Straight Life Annuity with 5 Years Certain**

_____ **Option # 3: Straight Life Annuity with 10 Years Certain**

_____ **Option # 4: Joint and 50% Survivor Annuity**

_____ **Option #5: Joint and 75% Survivor Annuity**

_____ **Option # 6: Joint and 100% Survivor Annuity**

_____ **Option # 7: Single Life Annuity with a designated lump sum**
(lump sum amount _____)

I designate _____ as the beneficiary of the chosen option, if applicable.

Beneficiary's Social Security # _____
Beneficiary's Address: _____
_____
_____
_____

Member's Signature_____ Date_____

Signature of Spouse _____ Date _____

OR IF NO SPOUSE SIGNATURE, I CERTIFY THAT I AM CURRENTLY NOT MARRIED OR LIVING WITH AN INDIVIDUAL WHO COULD BE CONSIDERED A "**COMMON LAW**" SPOUSE.

STATE OF _____ COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public, personally appeared
_____ and _____ who executed the above ELECTION OF OPTIONAL FORM OF PAYMENT - DESIGNATION OF BENEFICIARY as a free and voluntary act.

IN WITNESS WHEREOF: I have signed my name and affixed my official seal this _____ day of _____, 20___.

(SEAL)

_____
Notary Public
My commission expires _____