

JOINT LIFE & SURVIVORSHIP OPTION ELECTION FORM
(In-Service Designation)
ARLINGTON COUNTY EMPLOYEES' SUPPLEMENTAL RETIREMENT SYSTEM
2100 CLARENDON BOULEVARD – SUITE 511
ARLINGTON, VIRGINIA 22201
TELEPHONES: (703) 228-3500, (800) 818-4910 FAX (703) 228-3265

The Code allows **active employees** to designate a surviving annuitant. The designated person would receive a monthly benefit, if the employee passes away after reaching Normal Retirement Age (NRA) - age 62 for general employees/age 52 for uniform employees before retiring or entering DROP. This designation may be changed when the employee retires from the ACERS plan or enters DROP. Employees may complete this form at any time, but it will not be effective until you reach the NRA. Your beneficiary designations will remain in force until this form becomes effective.

In accordance with the provisions of the Arlington County Employee's Retirement System, I hereby make application for an in-service joint life and survivorship retirement benefit to begin upon my death and to continue during the lifetime of designated survivor annuitant for as long as they shall live. The beneficiary named below shall receive the survivor's benefit elected below.

INSTRUCTIONS:

Please complete, sign and date the form and return to the Human Resources Department.

1) Member Name (Last) (First) (Middle Initial)

2) Member Social Security # (Last 4 digits) 3) Member Date of Birth

I elect the following joint life & survivorship option to continue to the beneficiary I have nominated below:

- 100% joint life & survivorship option
- 66 2/3rd joint & survivorship option
- 50% joint life & survivorship option

Name of Surviving Annuitant (Last)			(First)	(Middle)
Gender	Date of Birth		Social Security No. (last 4 digits)	
Street Address	City,	State	Zip Code	

It is my understanding that if I am married at the time of this election and I have elected a surviving annuitant other than my spouse, this election must have the written consent of my spouse at the time of application. I may change this election at the time I submit a Retirement or DROP Entry application.

 (Signature of Member) (Signature of Spouse, if beneficiary is not spouse) (Date)

NOTARIZATION OF APPLICATION

Subscribed and sworn to me this _____ day of _____ 20 _____.

My Commission Expires **Notary Public**